PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 30 AM 11:33

DOCUMENT # P97000052672

1. Corporation Name
SLINCO ENTERPRISE, INC

REINSTATEMENT 00-01

2. Principal Office Address	3. Mailing Office Address
3300 NE 192 ST	SAME
Suite, Apt. #, etc. 1209	Suite, Apt. #, etc.
City & State AVENTURA - Fla	City & State
Zip / Country 33180 / DADE	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number
65-0764888 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
LUIS C. CHAQUEA

900004194935--8
-05/11/01--01018--012
****$08.75 ****08.75

Street Address (P.O. Box Number is Not Acceptable)
3300 NE 192 ST

Suite, Apt. #, Etc.
1209

City | State | Zip Code
AVENTURA | FL | 33180

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent X _____ Date 3-14-01
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO PRES.	LUIS C. CHAQUEA	3300 NE 192 St. # 1209	MIAMI, Fla 33180
CeCO	LILIANA M. PARDO	3300 NE 192 St. # 1209	MIAMI, Fla 33180

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: X _____ PRESIDENT 3-14-01 305-9312924
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.01