PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 24 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/23/03--01006--004 **1500.00

DOCUMENT # P97000087841

1. Corporation Name
2001 Investments, Inc.

2. Principal Office Address	3. Mailing Office Address
9200 SW 102 ST.	9200 SW 92 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Florida	City & State: Miami Florida
Zip: 33176 Country: US	Zip: 33176 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 10-10-97

5. FEI Number: ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee to obtain a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Luis Somoza

Street Address (P.O. Box Number is Not Acceptable): 9200 SW 102 ST.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33176

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 Luis Somoza G. X Date: 10/18/03
REGISTERED AGENT MUST SIGN

CR2E061 (11/97)

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
DP	Luis Somoza	9200 SW 102 ST.	Miami FL 33176

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 Luis Somoza G. X 10/18/03 305 270-8878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

yl 10/25