

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000091530

1. Corporation Name

CACHAMAY INVESTMENTS CORP.

Principal Place of Business

601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131

Mailing Address

601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

25 SE 2ND AVENUE
SUITE # 720
MIAMI FL
33131 USA

3. New Mailing Office Address, If Applicable

25 SE 2ND AVE
SUITE 720
MIAMI FL
33131 USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/22/1997

5. FEI Number

65-0875610

Applied For

APPLIED FOR

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	2	3	4
Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
PD	MUSTAFA, NABIL	601 BRICKELL KEY DRIVE, SUITE 70 25 SE 2ND AVENUE #20	MIAMI FL 33131
AS	BARANDAS, RICARDO	601 BRICKELL KEY DRIVE, SUITE 70	MIAMI FL 33131
VP/S	MUSTAFA, SORAYA	25 SE. 2ND AVENUE #20	MIAMI FL 33131
		900003314479--2	07/06/00--01025--008
		****750.00	****750.00

8. Name and Address of Current Registered Agent

DE LA PENA, VILLANUEVA & BAJANDAS, LLP
601 BRICKELL KEY DRIVE
SUITE 705
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name BORIS ROSEN
Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2ND AVENUE #20
SUITE, APT. #, ETC.
900003314479--2
City MIAMI
07/06/00--01025--008
****150.00 FL ****150.00

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

5/25/00

11. 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NABIL MUSTAFA, PRESIDENT
J-25-00 305-374-2001