PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG 30 PM 12: 09

SECRETARY STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004026

1. Corporation Name

PAGANI INVESTMENT GROUP, INC

4757 SW 8 ST
4757 SW 8 ST

600040648166
08/30/04--01087--018--**1208.75
REINSTATEMENT 01-04

2. Principal Office Address 4757 SW 8 ST	**3.** Mailing Office Address 4757 SW 8 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 01/12/1998

| City & State
MIAMI, FL | City & State
MIAMI, FL |

5. FEI Number
65-0808219

Applied For

Not Applicable

| Zip
33134 | Country
USA | Zip
33134 | Country
USA |

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

7. Name and Address of Current Registered Agent

Name
MAURICIO LOPEZ

Street Address (P.O. Box Number is Not Acceptable)
4757 SW 8 ST

Suite, Apt. #, Etc.

| City
MIAMI | State
FL | Zip Code
33134 |

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 _____
REGISTERED AGENT MUST SIGN

Date 08/25/04

CR2E081 (01/04)

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
P	MAURICIO LOPEZ	4757 SW 8 ST	MIAMI, FL 33134
VP	ELIZABETH VALENCIA	4757 SW 8 ST	MIAMI, FL 31334
T	ADRIAN FERNANDEZ	4757 SW 8 ST	MIAMI, FL 33134

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/25/04   305-9847896
Date   Daytime Phone #