FAX AUDIT No. H04000185551

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019204

1. Corporation Name
CADIRA INVESTMENTS, INC.

REINSTATEMENT 03-54

2. Principal Office Address		3. Mailing Office Address	
785 CRANDON BLVD.		ONE S.E. 3RD AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
UNIT 1001		28TH FLOOR	
City & State		City & State	
KEY BISCAYNE, FLORIDA		MIAMI, FLORIDA	
Zip	Country	Zip	Country
33149	USA	33131	USA

4. Date Incorporated or Qualified To Do Business in Florida FEBRUARY 27, 1998

5. FEI Number 65-0822825 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
AMERICAN INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
ONE S.E. 3RD AVENUE

Suite, Apt. #, Etc.
28TH FLOOR

City
MIAMI

State FL Zip Code 33131

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 By Angelica M. Cuiru Assistant Secretary Date 9/14/04
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	FEDERICO ARAUJO	785 CRANDON BLVD., UNIT 1001	KEY BISCAYNE, FL 33149
DVPST	LOREDANA ARAUJO	785 CRANDON BLVD., UNIT 1001	KEY BISCAYNE, FL 33149

10. I certify that I am an officer or director of 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: Federico Araujo 9/14/04 (305) 2851355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0384

From: Angelica M. Chiru
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

CADIRA INVESTMENTS, INC.

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