PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

2000

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

FILED
00 SEP 15 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000043410

1. Corporation Name

RRR EL RAPIDO ENVIOS, CORP.
9701 Hammocks Blvd.#102, Miami,Fl.33196

2. Principal Office Address	3. Mailing Office Address
SAME AS ABOVE	SAME AS ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 5/14/98

5. FEI Number: 65-0835674 — 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: ROBERTO S. ALBAREDA

400003405244--5
-09/26/00--01103--019
****450.00 ****450.00

Street Address (P.O. Box Number is Not Acceptable): 9701 Hammocks Blvd.#102, Miami, Fl. 33196

Suite, Apt. #, Etc.:

400003405244--5
-09/26/00--01103--020
****450.00 ****450.00

City: | State: FL | Zip Code:

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: ✓ Roberto Albareda — REGISTERED AGENT MUST SIGN — Date: 9/14/2000

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
/S/T/D	ROBERTO S ALBAREDA	9701 Hammocks Blvd.#102	Miami Fl. 33196

REINSTATEMENT 99-00 TS

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: ✓ Roberto Albareda — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/14/2000 — Date

205-385-2733 — Daytime Phone #