PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG -5 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000048385

1. Corporation Name

DEVCO MANAGEMENT INT'L INC

REINSTATEMENT 02-03

900022066639
08/05/03--01029--008 **900.00

2. Principal Office Address		**3.** Mailing Office Address	
6100 BLUE LAGOON DR		6100 BLUE LAGOON DR	
Suite, Apt. #, etc. SUITE 335		Suite, Apt. #, etc. SUITE 335	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33126	Country US	Zip 33126	Country US

4. Date Incorporated or Qualified To Do Business in Florida 06/01/1998

5. FEI Number 65-0850355 ☐ 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: CHAMORRO, DAVID

Street Address (P.O. Box Number is Not Acceptable): 6100 BLUE LAGOON DR

Suite, Apt. #, Etc.: SUITE 335

City: MIAMI | State: FL | Zip Code: 33126

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 _____ (REGISTERED AGENT MUST SIGN) Date: July 28, 2003

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
PD	COLUSSI, ETTORE	6100 BLUE LAGOON DR STE 335	MIAMI, FL. 33126
VTD	CANTU, RAFAEL B	6100 BLUE LAGOON DR STE 335	MIAMI, FL. 33126
SD	CHAMORRO, DAVID L	6100 BLUE LAGOON DR STE 335	MIAMI, FL. 33126

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 _____ July 28, 2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #