PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY 28 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P98000054110

1. Corporation Name
ASTOR INVESTMENT CORPORATION

2. Principal Office Address	3. Mailing Office Address
1492 S. Miami Ave.	1492 S. Miami Ave.
Suite, Apt. #, etc.: Suite 203	Suite, Apt. #, etc.: Suite 203
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33130 Country: U.S.	Zip: 33130 Country: U.S.

4. Date Incorporated or Qualified To Do Business in Florida: 6/17/1998

5. FEI Number: 65-0864795 ☐ 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: INAKI SAIZARBITORIA, ESQ.
Street Address (P.O. Box Number is Not Acceptable): 1492 S. Miami Ave.
Suite, Apt. #, Etc.: Suite 203
City: Miami, State: FL Zip Code: 33130

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: I. Saizarbitoria
REGISTERED AGENT MUST SIGN
Date

CR2E081 (8/01)

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
DPST	RICARDO E. F. UTHURRALT	Adolfo Alsina 1171 1646 San Fernando	Buenos Aires, Argentina
D	Ana Maria V. Spinelli	Adolfo Alsina 1171 1646 San Fernando	Buenos Aires, Argentina
D	Mauro Ignacio F. Valentini	Adolfo Alsina 1171 1646 San Fernando	Buenos Aires, Argentina
D	Vanina Paula F. F. Valentini	Adolfo Alsina 1171 1646 San Fernando	Buenos Aires, Argentin

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: Ricardo E. F. Uthurralt, President — 05/24/02 — 305-374-3434
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #