

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 28 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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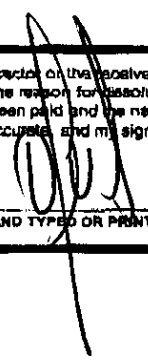
CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # P98000054110 1. Corporation Name ASTOR INVESTMENT CORPORATION							
2. Principal Office Address 1492 S. Miami Ave.				3. Mailing Office Address 1492 S. Miami Ave.			
Suite, 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 ☐
6. CERTIFICATE OF STATUS DESIRED ☐	

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 607.0506 or 617.0503, F.S.	
Signature of Registered Agent 	Date _____

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Type	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. Valentini	Adolfo Alsina 1171 1646 San Fernando	Buenos Aires, Argentina

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 Date 305-374-3434 Daytime Phone #

CR2501 (06/01)