PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg. 1 of 2

FILED
00 MAY -5 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~CORPORATION REINSTATEMENT~~

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

00-00AR

DOCUMENT # P98000057513

1. Corporation Name
FERREIRA REY CORP.

2. Principal Office Address		**3.** Mailing Office Address	
1875 N. CORPORATE LAKES Blvd		Same as N-2	
Suite, Apt. #, etc. STE. #100		Suite, Apt. #, etc.	
City & State WESTON, FL.		City & State	
Zip 33326	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0900805 — 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: AlBERTO FERREIRA
Street Address (P.O. Box Number is Not Acceptable): 1895 N CORPORATE LAKES Blvd.
Suite, Apt. #, Etc.: STE #100
City: WESTON — State: FL — Zip Code: 33326

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.

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-05/05/00--01037--003
****300.00 ****300.00

Signature of Registered Agent: [signature]
REGISTERED AGENT MUST SIGN
Date 2-27-00

CR2E081 (9/99)

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	ALBERTO FERREIRA	1476 Coronado Rd	WESTON, FL. 33327

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.

KE

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Fl. 32399

VIA FACSIMILE
VIA AIRMAIL

Re: Ferreira Rey Corp.
Tax Id. No. 65-0900805

TO WHOM IT MAY CONCERN

Please take notice that the undersigned Ferreira Rey Corp., a Florida corporation, located in 1875 North Corporate Lakes Blvd., Suite 100, Weston, Fl. 33326, the last known address of the corporation, did not file its annual report prior to May 1st 1999 due to the following facts:

A) Change of Address: The corporation notified its change of address and never received the annual report to file in the corresponding period.

We also found out that the Corporation was Administrative dissolve on September 24, 1999.

We are enclosing check No. 1032 of Washington Mutual Bank for the amount of $ 300 (Three hundred Dollars) to cover the renewal fees.

Please reinstate the above reference corporation and notify us to the address described above if any additional procedure has to be made.

Thank you for all your help.

Sincerely,

Alberto Ferreira,
President of Ferreira Rey Corp.