PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 APR -10 PM 2:08

CORPORATION REINSTATEMENT

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

DOCUMENT # P98000058324

1. Corporation Name
TENERIFE 13 CORPORATION

99-01

REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
9524 SW 140 COURT	Edificio Via Venetto
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Local 30 y 22, El Cangrejo
City & State: Miami, FL	City & State: Ciudad Panama
Zip: 33186 Country:	Zip: Country: Panama

4. Date Incorporated or Qualified To Do Business in Florida: 06/30/1998

5. FEI Number: 65-0860400 ☐ 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: Ricardo Martinez-Cid, Esq.

Street Address (P.O. Box Number is Not Acceptable): 1699 Coral Way

Suite, Apt. #, Etc.: Suite 510

City: Miami State: FL Zip Code: 33145

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 _____ REGISTERED AGENT MUST SIGN Date 4/4/2001

CR2E081 (3/00)

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
P	Gonzalez Carone, Cosme	Edificio Via Venetto Local 30 y 22,El Cangrejo	Ciudad Panama, Panama
T	Gonzalez Carone, Cosme	" Same as Above"	" Same as Above"
S	Gonzalez Carone, Cosme	" Same as Above"	" Same as Above"
D	Gonzalez Carone, Cosme	" Same as above"	" Same as Above"

AD

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.

Firma

SIGNATURE: _____ 4/4/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:

Division of Corporations
Fax Number : (850)922-4004

From:

Account Name : RICARDO MARTINEZ-CID, P.A.
Account Number : 076640001666
Phone : (305)859-7494
Fax Number : (305)858-2513

CORPORATION REINSTATEMENT

TENERIFE 13 CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,050.00