PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED

'00 DEC -5 AM 10: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000068591

1. Corporation Name

COURVOISIER REALTY CORP.

2. Principal Office Address

3000 S.W. 3rd. AVE.

Suite, Apt. #, etc.

102

City & State

MIAMI, FL.

Zip

33129

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida   08/03/98

5. FEI Number
65-0853559

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

S8.75 Additional fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAIME O. GOMEZ, JR.

Street Address (P.O. Box Number is Not Acceptable)

3000 S.W. 3rd. AVE.

Suite, Apt. #, Etc.

102

City

MIAMI

State

FL

Zip Code

33129

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****900.00 ****900.00

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   11/29/00

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
P	JAIME O. GOMEZ, JR.	3000 S.W. 3rd. AVE. #102	MIAMI, FL. 33129
V/P	DELIA GORDILLO	3000 S.W. 3rd. AVE. #102	MIAMI, FL. 33129

REINSTATEMENT 99-0

T8

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/00
Date

Daytime Phone #