PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION REINSTATEMENT~~

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 30 PM 2:32

DOCUMENT # P98000069207

1. Corporation Name

Miguel Angel Group, Inc

000004662910--1
-11/01/01--01054--018
****758.75 ****758.75

REINSTATEMENT 01

2. Principal Office Address	3. Mailing Office Address
1430 SW 1ST	1430 SW 1ST
Suite, Apt. #, etc.: REAR	Suite, Apt. #, etc.: REAR
City & State: MIAMI	City & State: MIAMI, FL
Zip: 33135 Country: USA	Zip: 33135 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8-7-98 SP

5. FEI Number: 65-0855915 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Silvio R. Quintana

Street Address (P.O. Box Number is Not Acceptable): 1430 SW 1 ST REAR

Suite, Apt. #, Etc.:

City: MIAMI, FL State: FL Zip Code: 33135

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: Silvio R. Quintana 10/29/01 Date: 4-12-01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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/S	Silvio R. Quintana	9364 SW 171 TERR	Miami, FL-33157

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: Silvio R. Quintana 4-12-01 786-242-7412

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

10/29/01