PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 SEP 25 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000071178

1. Corporation Name

ARC.CON INVESTMENTS, INC.

03/28/03 01053 009 900.00

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 33256-0216	P.O. BOX 33256-0216
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: MIAMI
Zip: 33256 Country: USA	Zip: 33256 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/14/1998

5. FEI Number: 650860094 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: ARAZOZA & FERNANDEZ-FRAGA, P.A.

Street Address (P.O. Box Number is Not Acceptable): 2100 SALZEDO STREET

Suite, Apt. #, Etc.: SUITE 300

City: CORAL GABLES State: FL Zip Code: 33134

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: _____ Date: 9/26/2003

REGISTERED AGENT (MUST SIGN)

CR2E091 (10/02)

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 Officers and/or Director	City/State/Zip
P	GOMEZ, LEANCY	P.O. BOX 33256-0216	MIAMI, FL 33256
VP/S	SANCHEZ-GOMEZ, AIDA L.	P.O. BOX 33256-0216	MIAMI, FL 33256
	REINSTATEMENT 02-81 TS		

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: _____ 9-26-03 305-986-8865

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

STF FL32824F.1