PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV 27 PM 2:47

DOCUMENT # P98000083613

1. Corporation Name

KATONAH INVESTMENTS, INC.

2. Principal Office Address		**3.** Mailing Office Address	
19152 FISHER ISLAND DRIVE		19152 FISHER ISLAND DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: FISHER ISLAND, MIAMI BEACH, FLORIDA		City & State: FISHER ISLAND, MIAMI BEACH, FLORIDA	
Zip: 33109	Country	Zip: 33109	Country

CR2E081 (12/05)

REINSTATEMENT NOV 2006

4. Date Incorporated or Qualified To Do Business in Florida: 9/28/1998

5. FEI Number — ☑ 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: INAKI SAIZARBITORIA, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 21 S.W. 15th ROAD (BROADWAY)

Suite, Apt. #, Etc.: SUITE 200

City: MIAMI | State: FL | Zip Code: 33129

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: I Saizarbitoria — REGISTERED AGENT MUST SIGN — Date: 10/10/06

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
D-P	JORGE E. DELFIN	19152 FISHER ISLAND DRIVE	FISHER ISLAND,MIAMI BEACH, FLORIDA
D-S-T	MARIA ESMERALDA PICHARDO	19152 FISHER ISLAND DRIVE	FISHER ISLAND,MIAMI BEACH,FLORIDA
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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 contained in Chapter 119, 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] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 10/9/2006 — Daytime Phone #

B. Mitchell NOV 27 2006