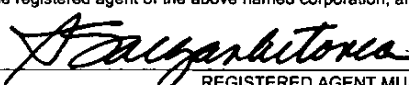


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000083613			
1. Corporation Name KATONAH INVESTMENTS, INC.			
2. Principal Office Address 19152 FISHER ISLAND DRIVE		3. Mailing Office Address 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
		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 		Date 10/10/06	
REGISTERED AGENT MUST SIGN			
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
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: 		Date 10/9/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

B. Mitchell NOV 27 2006