PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 OCT 23 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000091432

1. Corporation Name

Inversiones Perez & Perez, Inc.

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
Av. Principal San Jacinto	329 Granello Avenue
Suite, Apt. #, etc.: Edif. Carla, Aptu. 5D	Suite, Apt. #, etc.:
City & State: Maracay, Edo Aragua	City & State: Coral Gables, Florida
Zip: / Country: Venezuela	Zip: 33146 / Country: U.S.A.

4. Date Incorporated or Qualified To Do Business In Florida: 10/27/98

5. FEI Number: 65-1052765 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: United States Registered Agents, Inc.

900008545489
10/23/02--01052--004 **900.00

Street Address (P.O. Box Number is Not Acceptable): 329 Granello Avenue

Suite, Apt. #, Etc.:

City: Coral Gables | State: FL | Zip Code: 33146

8. I, being appointed the registered agent of this above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/21/02

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
P/S/T/D	Uriel A. Perez	Av. Principal San Jacinto, Edif. Carla, A	Maracay, Edo. Aragua, Venezuela

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., not 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: _____ 10-15-02

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