PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 2004 8:00 A
Secretary of State

DOCUMENT # P98000091963

1. Corporation Name
SAHORI VENTURES OF FLORIDA, INC.

REINSTATEMENT 03/04

2. Principal Office Address		3. Mailing Office Address	
1200 BRICKELL AVENUE		1200 BRICKELL AVENUE	
Suite, Apt. #, etc. SUITE 900		Suite, Apt. #, etc. SUITE 900	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33131	Country USA	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business In Florida 10/29/1998

5. FEI Number 52-2127777 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
AGI REGISTERED AGENTS, INC.

Street Address (P.O. Box Number is Not Acceptable)
1200 BRICKELL AVENUE

600035557156
05/06/04 01021 025 **100.00

Suite, Apt. #, Etc.
SUITE 900

City	State	Zip Code
MIAMI	FL	33131

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 _____
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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	BUSQUETS, CAMILLO CANO	745 CRANDON BLVD., UNIT 308	KEY BISCAYNE, FLORIDA 33149
D	CANO BUSQUETS, MARIA JOSE	745 CRANDON BLVD., UNIT 308	KEY BISCAYNE, FLORIDA 33149
D	BUSQUETS DE CANO, ANA MARIA	745 CRANDON BLVD., UNIT 308	KEY BISCAYNE, FLORIDA 33149

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: _____ 2/20/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #