PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -1 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P99000010519

REINSTATEMENT 0002

1. Corporation Name
SUPRA INVESTMENTS INC.

2. Principal Office Address	3. Mailing Office Address
8440 SW. 8 ST.	8440 S.W. 8 ST.
Suite, Apt. #, etc. OFFICE	Suite, Apt. #, etc. OFFICE
City & State Miami FLA.	City & State Miami, FLA.
Zip 33144 Country U.S.A.	Zip 33144 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number ☑ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 additional Fee required

7. Name and Address of Current Registered Agent

Name: ARMANDO J. POSSE

Street Address (P.O. Box Number is Not Acceptable): 8255 SW 132ND ST.

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33146

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: 9/27/2002
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
Pres.	ARMANDO J. POSSE	8255 SW 132ND ST.	MIMI FLA. 33146
V.P.	ARMANDO J. POSSE	" " " "	" " "
Sec.	ARMANDO J. POSSE	" " " "	" " "

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 I file 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: _____ 9/27/2002

Charter Number Only

9-30-02

EMPIRE

Requestor's Name

Address

City State ZIP Phone

VALIDATION ONLY

CORPORATION(S) NAME

SUPRA Investments INC.

( ) Profit
( ) NonProfit ( ) Amendment ( ) Merger

( ) Foreign ( ) Dissolution ( ) Mark

( ) Limited Partnership ( ) Annual Report ( ) Other
(X) Reinstatement ( ) Reservation ( ) Change of Registered Agent

( ) Certified Copy ( ) Photo Copies (X) Certificate Under Seal

( ) Call When Ready ( ) Call If Problem ( ) After 4:30
(X) Walk In (X) Will Wait ( ) Pick Up ( ) Mail Out

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Empire Toll Free: 1-800-432-3028