PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION K REINSTATEMENT S	DEPARTMENT OF STATE (atherine Harris) ecretary of State HIGH OF CORPORATIONS	FILED 04 AUG -3 PM 12: 37
DOCUMENT # P99000022864 1. Corporation Name BAEZ HOR togge: Investments Corp.		SECRETARY OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address 3. Mailing Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State MIGM Zip Country Zip	75 Containeblow 17	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number (a50705013 Applied For Not Applicable) 6. To Six 5 Additional For Southern
33/D. DADE 3317.	JODE .	CERTIFICATE OF STATUS DESIRED (1) for a Certificate of Status
Name Contained Current Registered Agent		
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 Park Park Park Park Park Park Park Park		
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 Eac Officer and/or Directo	
Passing Mulet Horeson	275 Entunchlay	bld Hon HIGHI of 33172
Vice President Denys A Exposito	271 Fortunesta	my Blod Hoy Migni, El 33172
		200040225862 08/17/0401004017 **1216.00
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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 filling 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: SIGNATURE:		