PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
09 FEB 13 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700143569617
02/13/09--01019--019 **1500.00

DOCUMENT # P99000033577

1. Corporation Name
Gorrias Group Corp

REINSTATEMENT 09-09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
770 NE Palm Bay LN	770 NE Palm Bay LN
Suite, Apt. #, etc. NO-4F	Suite, Apt. #, etc. NO-4F
City & State Miami, FL	City & State Miami, FL
Zip 33138 Country USA	Zip 33138 Country USA

4. Date Incorporated or Qualified To Do Business In Florida 04-08-1999

5. FEI Number 65-0911467 ☐ 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: Miguel Gorrias
Street Address (P.O. Box Number is Not Acceptable): 770 NE Palm Bay Lane
Suite, Apt. #, Etc.: No 4F
City: Miami, FL State: FL Zip Code: 33138

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Miguel Gorrias Date: 2/12/09
REGISTERED AGENT MUST SIGN

9. Name and Street Address 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
PD	Miguel Gorrias	770 N Palm Bay Lane No. 4-F	Miami, FL 33138
VP	Janette Caballero	770 N Palm Bay Lane No. 4-F	Miami, FL 33138

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: [signature] 2/12/09 305-751-3195
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/13 am