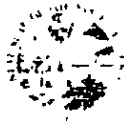


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P99000035553

1. Corporation Name

A.M.O. INVESTMENTS, INC.

2. Principal Office Address

12221 SW 43 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33175

Country

DADE

3. Mailing Office Address

12221 SW 43 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33175

Country

DADE

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0910923

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

ANAMARIA FRAGA

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

12221 SW 43 ST

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33175

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

REGISTERED AGENT MUST SIGN

Date 07/01/02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DR/ PRES	ANAMARIA FRAGA	12221 SW 43 ST	MIAMI, FL. 33175

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:

ANAMARIA FRAGA

07/01/02

305-4800052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25001 (9/11)