PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORA	HON-		TMENT FSTT netHARM by of State corporations	270	FILED R-5 PM12:15	
DOCUMENT # P99000036442 1. Corporation Name				SEGAL FALLAH	SHARETAN MAR STATE TÄLLAHASSES, FEORIDA	
CADEX	IN INVESTA	LENTS. IN	۷.	egy 2 gr 3 s 722.1500		
2. Principal Office Address 13406 SW 58 ET		3. Mailing Office Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorp To Do Busi	4. Date Incorporated or Qualified To Do Business in Florida $4-21-99$	
City & State HIBMI I	F1.	City & State		5. FEI Numbe	Applied For	
Zip 33156	Country (2) S.A.	Zip	Country	6.	Not Applicable SS.75 Additional Fee required for a Certificate of Status	
		7. Name and	Address of Current Re	gistered Agent		
City 8. I, being appointed Signature of Registered Agent	Apt. #, Etc. 1 iami The registered agent of the a set Addresses of Each Officer is	potenanted corporation, ar	ST SIGN		****150.00 *****150.00 State Zip Code FL 33/56. Jon 607.0505 or 617.0503, F.S. Date Date Date Date Date Date Date Date	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
P P Jose	Jose a. Cadena.		13406 SW58CT		Hiani FL. 33/56	
5 José	José C. Cadena. José C. Cadena.		/3406 SW 58C7-		Mianui Fl. 33/56	
					SP	
this reinstateme owed by the cor	nt application, the reason for poration have been paid and on is true and accurate, and n	dissolution has been elimina the names of individuals list ny signature shall have the s	ited, the corporate name sed on this form do not qualisame legal effect as if made	satisfies the requiremen alify for an exemption ur de under oath.	hapter 607 or 617, F.S. I further certify that when filing its of section 607.0401 or 617.0401, F.S., that all fees inder section 119.07(3)(i), F.S. The information indicated	