PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Katherine Harris ·~ FOR FILED Secretary of State ŔEINSTATEMENT **DIVISION OF CORPORATIONS** 00 NOV 13 AM 9: 21 **DOCUMENT #** P99000052111 SEGRETARY OF STATE. TABEATTASSEE, FLORIDA 1. Corporation Name TIMBO, INC. Mailing Address Principal Place of Business 540 BRICKELL AVENUE 540 BRICKELL AVENUE SUITE 606 SUITE 606 MIAM? FL 33133 MIAM1 FL 33133 If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable 4. Date Incorporated or Qualified To Do Business in Florida David J.
Suite, Apt. #, etc 06/03/1999 Suite, Apt. #, etc. 00 N. Biscayne Blvd.#2500 Applied For City & State Not Applicable \$8.75 Additional Fee required Zip Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip Title(s) CAMPO ALEGRE, CHACAO CARACASVZ AV. FRANCISCO DE MIRANDA, TORRE SUCRE-PIMENTEL, ALEJANDRO D .CAMPO ALEGRE CHACAO CARACASVZ + + + + + +AV+ FRANCISCO DE MIRANDA+TORRE+++++ -**KEDA+JULIO**-+++++++++++++++++ DELETE CAMPO ALEGRE, CHACAO CARACASVZ AV. FRANCISCO DE MIRANDA, TORRE D HATCH, DONALD CAMPO ALEGRE: CHACAO CAPACASYZ : : CASTILLO, SERGIO-SUCRE+++++++++ AV. FRANCISCO DE MIRANDA, TORRE++++ DELETE 300003496553---12/12/00--01025-<u>-</u>030 \*\*\*\*750,00 \*\*\*1500.00 9. Name and Address of New Registered Ageht 8. Name and Address of Current Registered Agent Name HART, DAVID J Street Address (P.O. Box Number is Not Acceptable) 100 N. BISCAYNE BOULEVARD Suite, Apt. #, Etc. SUITE #2600 **MIAMI FL 33132** Zip Code 10. I, being appointed the registered apent of the above Signature of REGISTERED AGENT MUST SIGN 11. 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.

Alejandro Sucre

ME OF SIGNING OFFICER OR DIRECTOR

<u> 11/3/00 305-57</u>7-997**7**