

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT 27 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000071152

1. Corporation Name

PRIBASA HOLDING CO.

200137322252
10/27/08--01046--020 **900.00

07-08 *[Signature]*

REINSTATEMENT

2. Principal Office Address - No P.O. Box #

C/O 10300 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FL

Zip

33173

Country

USA

3. Mailing Office Address

C/O 10300 SUNSET DRIVE

Suite, Apt. #, etc.

SUITE 400

City & State

MIAMI, FL

Zip

33173

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 08/10/1999

5. FEI Number
65-0942091

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

JULIO SALEM

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

808 BRICKELL KEY DRIVE

Suite, Apt. #, Etc.

APT # 3802

City

MIAMI

State

FL

Zip Code

33131

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 *X*

Julia Salem

REGISTERED AGENT MUST SIGN

Date *X* 10/17/08

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 Each Officer and/or Director	City / State / Zip
PD	Barakat, Pricila J.	808 Brickell Key Drive, #3802	Miami, FL 33131
VPD	Salem Kronfle, Santiago	808 Brickell Key Drive, #3802	Miami, FL 33131

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/17/08

Date

X 305-595-0303

Daytime Phone #