

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 OCT 27 AM 8:34
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071240

1. Corporation Name

AIB REALTY HOLDING CO.

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

65-1108930

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

Julio Salem

Date X 10/17/08

REGISTERED AGENT MUST SIGN

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, America	Gran Via #8 Lomas de Urdesa	Guayaquil, Ecuador
VP	Salem, Julio	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 *America Barakat*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 10/20/08 X 305.995.0303
Date Daytime Phone #