PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 OCT 26 PM 2:18

LIMITED LIABILITY COMPANY REINSTATEMENT

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

REINSTATEMENT 01

DOCUMENT # P99000095885

1. Limited Liability Company's Name
The N.C.I Investment Group, Inc

2. Principal Office Address	3. Mailing Office Address
7400 N.W. 7th Street	7400 N.W 7th Street
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Miami Florida	City & State Miami Florida
Zip 33126 Country USA	Zip 33126 Country USA

4. State/Country of Formation Florida, US. SP

5. Date Organized or Qualified To Do Business In Florida 11-01-1999

6. FEI Number 650962862 (Applied For / Not Applicable)

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: LUIS E. NAYA
100004658511--2
-10/30/01--01013--015
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): 7400 N.W 7th street

Suite, Apt. #, Etc.: Suite 101

City: Miami State: FL Zip Code: 33126

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date Oct 25/2001

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PD	Luis E Naya	248 N.E Drive	Miami, Fl. 33126
D	Edwardo Calil	9401 S.W 35th street	Miami, Fl. 33165

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager _____ Date Oct 25/2001 Daytime Phone # 305 265 7177

Typed or printed name of signing Managing Member/Manager _____