H01000056524

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 30 PM 5:03

DOCUMENT # P99000101660

1. Corporation Name

VORTALl INC.

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
1110 BRICKELL AVENUE	1110 BRICKELL AVENUE
Suite, Apt. #, etc.: SUITE 430	Suite, Apt. #, etc.: SUITE 430
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: U.S.A.	Zip: 33131 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 11/19/1999

5. FEI Number: ☐ 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: PAULO MIRANDA

Street Address (P.O. Box Number is Not Acceptable): C/O AKERMAN SENTERFITT, ONE S.E. 3RD AVENUE

Suite, Apt. #, Etc.: 28TH FLOOR

City: MIAMI State: FL Zip Code: 33131

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: Paulo Miranda PAULO MIRANDA
REGISTERED AGENT MUST SIGN

Date: APRIL 26, 2001

CR2E066 (3/00)

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
DPST	Marcos Maranhao de Almeida	1110 Brickell Ave., Suite 430	Miami, Florida 33131
D	Paulo Miranda	One S.E. 3rd Avenue, 28 FL	Miami, Florida 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 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.

SIGNATURE: Paulo Miranda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 2001 (305) 374 5600
Date Daytime Phone #

Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From: Angie Calabrese
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305)374-5600
Fax Number : (305)374-5095

CORPORATION REINSTATEMENT

VORTALI INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$900.00

24129-105749