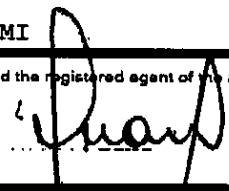
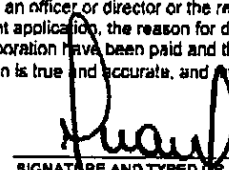


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000101660			
1. Corporation Name VORTAL1 INC.			
2. Principal Office Address 1110 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 430 City & State Miami, Florida Zip 33131		3. Mailing Office Address 1110 BRICKELL AVENUE Suite, Apt. #, etc. SUITE 430 City & State Miami, Florida Zip 33131	
Country U.S.A.		Country U.S.A.	
REINSTATEMENT			
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 607.0506 or 617.0503, F.S.			
Signature of Registered Agent 		Date APRIL 26, 2001	
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
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: 		April 26, 2001 (305) 374-5600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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CR2000-1900

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

VORTAL1 INC.

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

24129-105749