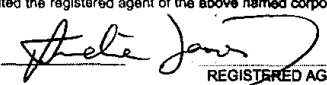


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 12 PM 12:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P99000103628					
1. Corporation Name AXESOR, INC.					
2. Principal Office Address 618 Santander Ave.		3. Mailing Office Address 1691 NE. 123rd. St.			
Suite, Apt. #, etc. 3		Suite, Apt. #, etc.			
City & State Coral Gables, Florida		City & State N. Miami, Florida		4. Date Incorporated or Qualified To Do Business in Florida 11/30/1999	
Zip 33134	Country USA	Zip 33181	Country USA	5. FEI Number 65-0975164	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 Amelia Javier (A&M Accounting & Management Co. Inc.)	
Street Address (P.O. Box Number is Not Acceptable) 1691 NE. 123rd. St.	
Suite, Apt. #, Etc.	
City N. Miami,	State FL
Zip Code 33181	

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 		Date 09/08/2001	
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
P	Roxana Costa	618 Santander Ave. #3	Coral Gables, Fl. 33134
Secr.	Gustavo Scavino	618 Santander Ave. #3	Coral Gables, Fl. 33134

10. I certify that I am an officer or director or the registered agent 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-08-2001