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	**3.** Mailing Office Address
618 Santander Ave.	1691 NE. 123rd. St.
Suite, Apt. #, etc.: 3	Suite, Apt. #, etc.:
City & State: Coral Gables, Florida	City & State: N. Miami, Florida
Zip: 33134 Country: USA	Zip: 33181 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11/30/1999

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.:

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-09/20/01--01051--018
****900.00 ****900.00

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: Amelia Javier Date: 09/08/2001
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
P	Roxana Costa	618 Santander Ave. #3	Coral Gables, Fl. 33134
Secr.	Gustavo Scavino	618 Santander Ave. #3	Coral Gables, Fl.33134

REINSTATEMENT 00-01

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 the signature shall have the same legal effect as if made under oath.

SIGNATURE: _____ 9-08-2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #