PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 DEC 26 AM 10:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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****750.00 ****750.00

DOCUMENT # S17462

1. Corporation Name

,KARMORE ENTERPRISES INC.

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
444 Brickell Avenue	444 Brickell Avenue
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/11/90

5. FEI Number: Applied For ☐ X 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: John P. Corrigan

Street Address (P.O. Box Number is Not Acceptable): 444 Brickell Avenue

Suite, Apt. #, Etc.: Suite 300

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: John P. Corrigan — REGISTERED AGENT MUST SIGN

Date: December 21, 2000

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
DPT	Alvaro Emil Salcedo	2800 Island Blvd, Unit 2504	Aventura, FL 33160
S	John P. Corrigan	444 Brickell Avenue., Ste 300	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. KE

SIGNATURE: John P. Corrigan, Secretary — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOHN P. CORRIGAN

Date: 12/21/00

Daytime Phone #: 305-358-5800

CR2E081 (9/99)