PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		_
CORPORATION (REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DMISION OF CORPORATIONS	13 DEC I B AM S 51
DOCUMENT # S71692 1. Corporation Name		SECRETARY OF STATE TALLAHASSEE, FLORD
Edgar Gulierrez	Diwestments Que.	RE
2. Principal Office Address - No P.O. Box# 272 FERNWOOD RO KLY BUSLAY NE	3. Mailing Office Address	-13
Suite, Apr. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	8/8/9/
Key Biscayne FL		650341913 Applied For Not Applicable
33149 USA	Zip Country	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
7. Name and Address of	Current Registered Agent	
Name		
Edgar Alemania	ref	
372 FERNWOOD (7 d .]
Suite, Apt. #, Etc.		-0928 <u>0</u> n (
Key Biscay il	State Zip Code	102547504 **(10.0
City C	State 33149	000254738280.0 12/16/1301002004 **7
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		
REGISTERED AGENT MUST SIGN		
9. Names and Street Addresses of Each Office and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD Edgas Gu	tierly 272 FERNWOOD	Rd Key Biscay De FL
PSD Edgar Guar AST FRANK RS FR	abre 2310 Country	PRADO Coral Gables FL 33134
		DEC 1 6 2013
		M. WILLIAMS
10. E-mail Address <u>: Lgu-tieure 2</u> 0	a nova textu constructs	M: Com
(To be used for future annual report notification) 11. 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., and that all fees owed by the corporation have been paid. I further certify, the information/fluctated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		
SIGNATURE: (2/1//3) SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DAVIDS PROPERLY		