PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 OCT 21 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100023545371
10/03/03--01063--013 **150.00

DOCUMENT # S 81831

1. Corporation Name
Congo DE ORO, INC.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
8249 NW 36 ST	8249 NW 36 STREET
Suite, Apt. #, etc. # 1105	Suite, Apt. #, etc. # 1105
City & State Miami FL.	City & State Miami FL.
Zip 33166 Country DADE	Zip 33166 Country DADE

4. Date Incorporated or Qualified To Do Business in Florida 09/20/1991

5. FEI Number 650305357 ☐ 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
MIRANDA, MICHAEL

Street Address (P.O. Box Number is Not Acceptable)
8249 NW 36 STREET

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Suite, Apt. #, Etc.
1105

City: Miami | State: FL | Zip Code: 33166

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 X _____ Date 10/1/03
REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	SHAPIRO, MADELINE	8249 NW 36 STREET	Miami, FL 33166

10/21

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: X _____ 10/1/03 305-599-0069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #