PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 FEB 25 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 44540

1. Corporation Name

Maison Investment, Inc.

Principal Place of Business / Mailing Address

285 Sevilla Avenue
Coral Gables, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96+97 MWB
DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc. (See above)	Suite, Apt. #, etc. (See above)
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 6-18-92

5. FEI Number: 65-0371739 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Viviane Vasse-Murtin	285 Seville Avenue	Coral Gables, FL 33134
			800002099168--5 -02/26/97--01127--004 ****923.75 ****923.75

8. Name and Address of Current Registered Agent

Robert P. Lithman
2250 S.W. 3rd Avenue
5th Floor
Miami, FL 33129

9. Name and Address of New Registered Agent

Name: Viviane Vasse-Murtin
Street Address (P.O. Box Number is Not Acceptable): 285 Sevilla Avenue
Suite, Apt. #, Etc.:
City: ~~Miami~~ Coral Gables | State: FL | Zip Code: 33134

CR2E040 (12/95)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: V Viviane Murtin — Date: 2/13/97
REGISTERED AGENT MUST SIGN

MWB

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: V Viviane Murtin — 2/13/97 — 305-264-1578
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #