

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 OCT 10 AM 8:14

DOCUMENT # V59206

1. Corporation Name

URCUPINA INVESTMENTS INC.

2. Principal Office Address

1155 BRICKELL BAY DR.

Suite, Apt. #, etc.

1411

City & State

MIAMI FL

Zip

33131

Country

USA

3. Mailing Office Address

7339 N.W. 54 ST.

Suite, Apt. #, etc.

SUITE LRB 93

City & State

MIAMI FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified To Do Business in Florida

08/21/1992

5. FEI Number

650351718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 05-06

7. Name and Address of Current Registered Agent

Name

LEONOR PATINO

Street Address (P.O. Box Number is Not Acceptable)

7339 N.W. 54 Street

Suite, Apt. #, Etc.

SUITE LRB 93

City

MIAMI

State

FL

Zip Code

33166

500080644095  
10/10/06--01007--004 \*\*901.00

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

*[Signature]*

Date OCT 5, 2006

REGISTERED AGENT MUST SIGN

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	LEONOR PATINO	7339 N.W. 54 Street SUITE LRB-93	MIAMI FL 33166
S	NICOLAS ZALLES	7339 N.W. 54 St. SUITE LRB 93	MIAMI FL 33166
T	LORENA ZALLES	7339 N.W. 54 St. SUITE LRB 93	MIAMI FL 33166

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 contained in Chapter 119, 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:

*[Signature]*

LEONOR PATINO (P)

Date OCT 5, 2006

(267) 765 5784

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marched OCT 10 2006