CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # Y65675

1. Corporation Name

Priscilla Investments, Inc.

12 _____
12/30/05 --01067 --015 **350.00 SC

CR2E081 (8/05)

2. Principal Office Address
6240 S.W, 59 St.

3. Mailing Office Address
6240 SW 59 st.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **09 / 22 / 92**

City & State
MiAMi FL

City & State
MiAMi FL

5. FEI Number
65-03-74615

☐ Applied For
☐ Not Applicable

Zip 33143   Country USA

Zip 33143   Country USA

6. CERTIFICATE OF STATUS DESIRED ☑

12/30/05 --01067 --027 **500.00

7. Name and Address of Current Registered Agent

Name
SALVADOR SAIEZ

5000625521055
12/30/05 --01067 --015 **350.00

Street Address (P.O. Box Number is Not Acceptable)
6240 SW 59 st.

5000625521055
12/30/05 --01067 --016 **500.00

Suite, Apt. #, Etc.

5000625521055
12/30/05 --01067 --017 **9.00

City
MiAMi

State FL   Zip Code 33143

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 _____ REGISTERED AGENT MUST SIGN

Date 12/18/05

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	SALVADOR SAIEZ	6240 S.W. 59 st	MiAMi / FL / 33143
S	Cesar Doguoni	Avenida Colombia No 2-72	Cali / Colombia
			12/30/05 --01067 --027 **500.00
			B 12/23/05
		REINSTATEMENT	OL-05

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: _____ 12/18/05   (786) 709 3729

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   /Date   /Daytime Phone #