PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FOR Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 98 JUN - 5 PHH: 2% DOCUMENT # SECRETARY OF STATE 1. Corporation Name OISEE INVESTMENTS, INC. Principal Place of Business Mailing Address REINSTATEMENT93-98 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida
 November 23, 1981 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable c/o The Chase Manhattan Bank c/o Pedro Perusquia B. Suite, Apt. #, etc. Attn. Paula Arrojo, VP 1211 Av. of the Americas 39th Fl Suite, Apt. #, etc.
11111 Biscayne Blvd/ Apt. 404 5. FEI Number Applied For 65-028-5830 City & State Cny & State Not Applicable Miami Florida New York, New York \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 10036 U.S.A. U.S.A. 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) Pres./ Miami Florida 11111 Biscayne Blvd. Apt. 404 33181 Luis Perusquia Berrizbeitia Dir. ***1508.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Pedro Perusquia Berrizbeitia Carlos Alberto Castro Street Address (P.O. Box Number Is Not Acceptable) 1001 South Bayshore Dr. J1111 Biscayne Blvd. Suite 2410 Miami, Florida 33431 State Zip Code Miami 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 Pedro Perusqui a Berrizbetthad AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 12. Learlify 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:

SIGNATURE AND TIPED OB HINTED NAME OF SIGNING OFFICER OR DIRECTOR Luic Pomisquia Romizhoitia

011525 652 4563 Daytime Phone #