1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR -1 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 691703

1. Corporation Name

MARK INTERNATIONAL INC.
17075 S.W. 192nd STREET
MIAMI FL 33187
786-293-5038

REINSTATEMENT 04-07 CR2E081 (01/05)

2. Principal Office Address	**3.** Mailing Office Address
17075 S.W. 192nd ST	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33187 Country	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 1981

5. FEI Number: 59-2121367 ☐ 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: M. Fernandez

Street Address (P.O. Box Number is Not Acceptable): 8333 HARDING AVE. NO. 1

600082093796
11/28/06--01033--003 **450.00

Suite, Apt. #, Etc.: 1

City: MIAMI BEACH State: FL Zip Code: 33141

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 _____ Date _____

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
PRES	YSIDRO DE LA NUEZ	8333 HARDING AVE.#1	MIAMI BEACH FL 33141
VP	M. FERNANDEZ	8333 HARDING AVE.#1	MIAMI BEACH FL 33141

01/26/07--01002--009 **150.00

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: _____ 1/23/07

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

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NOVEMBER 15, 2006

FLORIDA DEPARTMENT OF STATE
DIV . OF CORP
PO BOX 6327
TALLAHASSEE FL 32314

ID #59-2121367

ATTN; REINSTATEMENT DEPT. FOR MARK INTERANTIONAL INC.

TO; WHOT IT MAY CONCERN;

ENCLOSED PLEASE FIND OUR CHECK NO. 10789 IN THE AMOUNT OF $450.00

AS REQUEST OVER THE TELEPHONE LAST WEEK.

PLEASE BE ADVISED KINDLY THAT WE REQUEST A WAVER ON THE FEES DUE

TO THE FACT THAT DUE TO DEATH IN THE FAMILY AND ALSO NEVER RECEIVED

THE FORM FROM THE STATE OF FLORIDA FOR THE RENEWALD. AND THEREFORE

DUE TO THE PAIN AND SUFFERING THAT WE ARE GOING THRU WE COMPLETELY

FORGOT TO ASK FOR THE RENEWALD SINCE THE YEAR OF 2003.

SHALL YOU HAVE ANY QUESTION, PLEASE DO NOT HESITATE TO CONTACT US

MARK FERNANDE

MARK INTERNATIONAL INC.\
17075 SW 192ND ST
MIAMI FL 33187

TEL 786-293-5038