

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

08 JUN 11 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

**REINSTATEMENT**

800131196766  
06/11/08--01029--020 \*\*1050.00

CR2E081 (1/07)

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000015965  
1. Corporation Name  
**HOTLIST INTERNATIONAL INC.**

2. Principal Office Address - No P.O. Box # <b>1110 Brickell Avenue</b>		3. Mailing Office Address	
Suite, Apt. #, etc. <b>suite 310</b>		Suite, Apt. #, etc.	
City & State <b>Miami, Florida</b>		City & State	
Zip <b>33131</b>	Country <b>USA</b>	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	<b>01/31/2005</b>
5. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**NS Corporate Service Inc.**

Street Address (P.O. Box Number is Not Acceptable)  
**1110 Brickell Avenue, Suite 310**

Suite, Apt. #, Etc.

City  
**MIAMI**

State  
**FL**

Zip Code  
**33131**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 **May 27th 2008**

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
D	Netto, Fabiano C.	1110 Brickell Avenue, Suite 310	Miami, Florida 33131
DVP	Rebelo, Denis S.	1110 Brickell Avenue, Suite 310	Miami, Florida 33131

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: *[Handwritten Signature]* Date **May 27th 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #