Oct. 1. 1999 10:32AM UCS 9618 No.0738 P. 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 16 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900003060579--5
-12/03/99--01098--006
***625.00 ***625.00
900003060579--5
-12/03/99--01098--007
***575.00 ***575.00

DOCUMENT # P95000093449

1. Corporation Name
ALEXTON Financial USA Inc.

Principal Place of Business / Mailing Address
4103 Carriage Drive # H-3
Pompano Beach, Fl. 33069

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Country

REINSTATEMENT 96-99 TS

4. Date Incorporated or Qualified To Do Business In Florida 12-08-95

5. FEI Number 65-0630434 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Director	HOFFMANN de Velurini Silvia	4103 Carriage Dr. # H3 Pompano Beach, Fl 33069	Pompano Beach, Fl 33069
Dir	HOFFMANN Mijares, Maria M	4103 Carriage Dr. #H-3	Pompano Beach, Fl 33069
Dir	HOFFMANN Mijares, Federico	4103 Carriage Dr. # H-3	Pompano Beach, Fl 33069
Dir	HOFFMANN Mijares, Leopoldo	4103 Carriage Dr. # H-3	Pompano Beach, Fl. 33069
Dir	HOFFMANN Mijares, Cecilia	4103 Carriage Dr. #H-3	Pompano Beach, Fl 33069
Dir	HOFFMANN de Pasqualo, Mariela	4103 Carriage Dr. # H-3	Pompano Beach, Fl. 33069

8. Name and Address of Current Registered Agent
Juan Vicente Urdaneta (NAME)
999 Ponce De Leon Blvd. Suite 1025
Coral Gables, Fl 33134

9. Name and Address of New Registered Agent
Name: Jose Hoffmann
Street Address (P.O. Box Number is Not Acceptable): 4103 Carriage Drive # H-3
Suite, Apt. #, Etc.: H-3
City: Pompano Beach State: FL Zip Code: 33069

CR2E046 (12/98)

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: [signature] Date: 10/25/99
REGISTERED AGENT MUST SIGN

1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

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: [signature] MARIA M. HOFFMANN. 10/26/99 (954) (4437898)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #