## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE

Zip Country Zip Country 6. S8.75 Additional Fee requir		LICATION FOR	Kather	RTMENT OF STATE rine Harris ary of State			
1. Corporation Name  COIN INTERNATIONAL, INC.  Principal Place of Business  Mailing Address  7881 SW 53 AVE MIAMI FL 33143  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.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Title(e)  2 and/or Directors  3 Officer and/or Directors  3 Officer and/or Directors  3 Officer and/or Directors  3 Officer and/or Directors  4 City / State / City /				CORPORATIONS	- FI	LED	
Principal Place of Business  Mailing Address 7881 SW S3 AVE MIAMI Ft. 33143  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, if Applicable  3. New Mailing Office Address, if Applicable  3. New Mailing Office Address, if Applicable  3. New Mailing Office Address, if Applicable  4. Date Incorporated or Qualified To Do Business in Florida  7. New Principal Office Address in Florida  8. FEI Number  6. SEI Number  6. CERTIFICATE OF STATUS DESIRED  8. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  8. Name and Address of Current Registered Agent  7. Names and Street Addresses of Each Officer and/or Directors  9. Name and Address of Current Registered Agent  8. Name and Address of New Registered Agent  Name  MIRCHANDANI, PURSHOTAM N  7861 SW 53 AVE  MAMI Ft. 33143  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 4, Etc.  Suite, Apt. 4, Etc.					01 OCT 30 PM 1: 14		
7881 SW S3 AVE MIAMI FL 33143 US  If above addresses are incorrect in any way, line through incorrect information and enter correction below.  2. New Principal Office Address, if Applicable  3. New Mailing Office Address, if Applicable  3. New Mailing Office Address, if Applicable  4. Data incorporated or Qualified To Do Business in Florida  7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7. Names and Street Addresses of Each Officer and/or Directors  7. Names and Street Addresses of Each Officer and/or Directors  8. Name and Address of Current Registered Agent  7. Names and Street Addresses of Each Officer and/or Directors  8. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  MIRCHANDANI, PURSHOTAM N  7. Siter Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  Sireet Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  Suite, Apt. #, Etc.	COIN IN	TERNATIONAL, INC.			SECRETAI TALLAHAS	RY OF STATE SEE, FLORIDA	
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Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country					Date Incorporated or Qua     To Do Business in Florida		
City & State	Suite, Apt. #, etc. Suite, Apt. #,				08/19/19/6		
Zip Country Certificate of Status Desired Distribution of a Certificate of Status  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 4 City / State / Zip  DPS MIRCHANDANI, PURSHOTAM N 7861 S.W. 53RD AVENUE MIAMI FL 33143  8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent  Name  MIRCHANDANI, PURSHOTAM N 7861 S.W. 53 AVE  MIAMI FL 33143  Street Address (P.O. Box Number is Not Acceptable)	City & State	<del></del>	City & State		гариев Гог		
Name of Officers and/or Directors  3 Street Address of Each Officer and/or Director  4 City / State / Zip  DPS MIRCHANDANI, PURSHOTAM N  7861 S.W. 53RD AVENUE  MIAMI FL 33143  8. Name and Address of Current Registered Agent  Name  MIRCHANDANI, PURSHOTAM N  7861 S.W. 53RD AVENUE  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.	Zip	Country	Zip	Country	- S8./5 Additional Fee required		
DPS MIRCHANDANI, PURSHOTAM N  8. Name and Address of Current Registered Agent  MIRCHANDANI, PURSHOTAM N  8. Name and Address of Current Registered Agent  MIRCHANDANI, PURSHOTAM N  7861 SW 53 AVE  MIAMI FL 33143  Officer and/or Director  4 City/ State / Zip  4 Address of City / State / Zip  4 Address of Miami FL 33143  MIRCHANDANI, PURSHOTAM N  7861 SW 53 AVE  MIAMI FL 33143  Suite, Apt. #, Etc.	7. Names and	d Street Addresses of Each Officer and/o	or Director (Florida nonpro	ofit corporations must list at le	east 3 directors)		
8. Name and Address of Current Registered Agent  MIRCHANDANI, PURSHOTAM N 7861 SW 53 AVE MIAMI FL 33143	Title(s)	and/or Disectors			nr	City / State / Zip	
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8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  MIRCHANDANI, PURSHOTAM N  7861 SW 53 AVE  MIAMI FL 33143  Suite, Apt. #, Etc.					-11/2	7/0101017003	
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MIRCHANDANI, PURSHOTAM N  7861 SW 53 AVE  MIAMI FL 33143  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.		REMSTATEMENT OF SITE					
MIRCHANDANI, PURSHOTAM N  7861 SW 53 AVE  MIAMI FL 33143  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.							
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7861 SW 53 AVE MIAMI FL 33143 Suite, Apt. #, Etc.					P.O. Box Number is Not Acceptable)		
MIAMI FL 33143  Suite, Apt. #, Etc.	Otroot radiroo				P.O. Box Number is Not Acceptable)		
					D		
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.	10. I, being a	ppointed the registered agent of the above	ve named corporation, am	familiar with and accept the o	obligations of Section 607.0505,	<b>FL</b>	
	<b>a</b>	all ages				11/5/01	
Signature of Registered Agent SISTATURE REQUIRED REGISTERED AGENT MUST SIGN					Date	0 11 0	
11. 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 filling 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 opporation 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.	this reinsta owed by th	atement application, the reason for dissol he corporation have been paid and the n	lution has been eliminated names of individuals listed	, the corporate name satisfies on this form do not qualify for	s the requirements of section 607 r an exemption under section 11	7.0401 or 617.0401, F.S., that all fees	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date 70.0 Dayling Phone # 20.0	SIGNATU						