PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 NOV -3 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 645802

1. Corporation Name

FRIAL, INC.

Principal Place of Business / Mailing Address

913 NORMANDY DRIVE
MIAMI, BEACH, FL 33141

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

REINSTATEMENT 95-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida: 11/20/79
One S.E. Third Avenue	One S.E. Third Avenue	
Suite, Apt. #, etc. 15th Floor	Suite, Apt. #, etc. 15th Floor	5. FEI Number 59-1565735 — Applied For / Not Applicable
City & State Miami, FL	City & State Miami, FL	
Zip 33131 Country USA	Zip 33131 Country USA	6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Alberto Deller	P.O. Box 2036	Quito, ECUADOR
VP	Michel Deller	P.O. Box 2036	Quito, ECUADOR
S	Frida Deller	P.O. Box 2036	Quito, ECUADOR
T	Pierre Deller	P.O. Box 2036	Quito, ECUADOR
S	Helen Deller de Beitsch	P.O. Box 2036	Quito, ECUADOR

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Richard Waserstein 913 Normandy Drive Miami Beach, FL 33141	Name: Francisco J. Martin, C.P.A. c/o Berkowitz Dick Pollack & Brant Street Address (P.O. Box Number is Not Acceptable): One S.E. Third Avenue Suite, Apt. #, Etc.: 15th Floor City: Miami — State: FL — Zip Code: 33131

CR2E040 (12/98)

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: Francisco Martin — Date: 11/2/99
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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: _____ Date: 11/2/99 Daytime Phone #: 305/373-9448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Alberto Deller