PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005183

1. Corporation Name
VENSECAR INTERNACIONAL, C.A.

2. Principal Office Address – No P.O. Box #		3. Mailing Office Address	
Ave Tamanaco, El Rosal		1210 South Pine Island Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Torre Extebandes, Piso 4		1st Floor / Legal Dept	
City & State		City & State	
Caracas		Plantation FL	
Zip	Country: Venezuela	Zip: 33324	Country: USA

CR2E084 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida: 10/04/2001

5. FEI Number: 98-0357388 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [illegible]

7. Name and Address of Current Registered Agent

Name: C T Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.: c/o C T Corporation System

City: Plantation State: FL Zip Code: 33324

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: [signature] Date: 8/16/10

REGISTERED AGENT MUST SIGN Carol Marcus-Stanley

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
P, D	Reinaldo Marquez	Ave Tamanaco, Torre Extebandes, Piso 4	Caracas, VENEZUELA
D	Jose D'Appolo	Ave Tamanaco, Torre Extobandes, Piso 4	Caracas, VENEZUELA
	REINSTATEMENT RH		

10. E-mail Address: carol.marcus@dhl.com

(To be used for future annual report notification)

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 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., and all fees owed by the corporation have been paid. I further certify, 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] Reinaldo Marquez 08/13/2010

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

[illegible] C T System Online

Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
VENSECAR INTERNACIONAL, C.A.

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