


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F06000005348			
1. Corporation Name Renta Financiera Internacional RFI, C.A., Inc.			
2. Principal Office Address - No P.O. Box # Av. Fco. Miranda C. Plaza		3. Mailing Office Address 6411 SW 38 ST	
Suite, Apt. #, etc. Torre C Oficina 18-E		Suite, Apt. #, etc.	
City & State Caracas Estado Miranda		City & State Miami Florida	
Zip 1060	Country Venezuela	Zip 33155	Country USA
7. Name and Address of Current Registered Agent			
Name Luis E. Montero			
Street Address (P.O. Box Number is Not Acceptable) 6411 SW 38 ST			
Suite, Apt. #, Etc.			
City Miami		State FL	Zip Code 33155
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 <i>[Signature]</i>		Date November 24, 2008	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Mike R. Ruiz S.	Av. Fco. Miranda Centro Plaza	Caracas Edo. Miranda 1060
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 this 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 <i>[Signature]</i> DI Mike R. Ruiz S.		Date November 24, 2008 305-661-6951	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

FILED

08 DEC -1 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 07-08

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12/01/08--01044--025 **1000.00

CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida **August 15, 2006**5. FEI Number
98-0505558☒ Applied For
☐ Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status☒ 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.900138328389
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