

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 2003 8:00 A.M.
Secretary of State

DOCUMENT # F23031

1. Corporation Name

Consolidated International Enterprises, Inc.

2. Principal Office Address

4300 S.W. 73rd Avenue

Suite, Apt. #, etc.

Suite 105

City & State

Miami, FL

Zip

33155

Country

USA

3. Mailing Office Address

4300 S.W. 73rd Avenue

Suite, Apt. #, etc.

Suite 105

City & State

Miami, FL

Zip

33155

Country

USA

600021744926
07/23/03--01048--009 **900.00

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business In Florida**

2/13/1981

5. FEI Number
59-2068262

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

James G. Smith, Asst. Sec.
REGISTERED AGENT MUST SIGN

Date: 7/11, 2003

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
Pres.	Joseph W. Rares	4300 S.W. 73rd Ave, Suite 105	Miami, FL 33155
Secty	Joseph W. Rares	4300 S.W. 73rd Ave, Suite 105	Miami, FL 33155
Treas	Joseph W. Rares	4300 S.W. 73rd Ave, Suite 105	Miami, FL 33155
Dir	Joseph W. Rares	4300 S.W. 73rd Ave, Suite 105	Miami, FL 33155
VP	Fernando S. Valdes	4300 S.W. 73rd Ave, Suite 105	Miami, FL 33155

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph W. Rares
Joseph W. Rares, President

5/31 /03

Date

305-262-6684

Daytime Phone #