PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT 94 - 96

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

APPROVED AND FILED

96 NOV 21 PM 2:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F 32805

1. Corporation Name
LOADEN International, Inc

400002015634--1
-11/27/96--01030--010
****775.00 ****775.00

Principal Place of Business	Mailing Address
2999 N.E. 191 St #600 N. Miami Beach, FL 33180	SAME

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 4-23-81

5. FEI Number: 65-0179226 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
Pres.	DENNIS TINSKY	2999 N.E. 191 St	N.M.B, FL 33180
Sec/Treas	LORRAINE TINSKY	2999 N.E. 191 St	N.M.B., FL 33180

REINSTATEMENT 11-21-96

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
DENNIS TINSKY 2999 N.E. 191 Street #600 N. Miami Beach, FL. 33180	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (12/95)

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: Dennis Tinsky — REGISTERED AGENT MUST SIGN — Date: 11/19/96

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 that all fees owed by the corporation have been paid. 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: Lorraine Tinsky Sec/Treas 11/19/96 305-935-0550
SIGNATURE AND TYPED NAME OF CHAIRMAN, VICE CHAIRMAN OR DIRECTOR — Date — Daytime Phone #
LORRAINE TINSKY