PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 APR 10 PM 12:30
SEC. OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005146

1. Corporation Name

PIRALLAN TRUST INC.

2. Principal Office Address	3. Mailing Office Address
P.O. Box 403704	P.O. Box 403704
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami Beach FL	City & State: Miami Beach FL
Zip: 33140 Country: U.S.A.	Zip: 33140 Country: U.S.A.

REINSTATEMENT 01-Qo

4. Date Incorporated or Qualified To Do Business in Florida: 9/14/1998

5. FEI Number: 650865395 ☐ 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: KECK Michael

Street Address (P.O. Box Number is Not Acceptable): 5825 Collins Ave.

Suite, Apt. #, Etc.: Apt. 7F

City: Miami Beach State: FL Zip Code: 33140

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: _____ REGISTERED AGENT MUST SIGN Date: 3/20/06

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	MANDOUL Hubert	32 Place Gambetta	BORDEAUX FRANCE 33000
V/S/D	MANDOUL Nathalie	32 Place Gambetta	BORDEAUX FRANCE 33000

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04/24/06--01053--023 **~~1058.75~~ 1508.75

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 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: _____ MANDOUL Hubert President 3/22/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

K. Eckel APR 11 2006