PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **APPLICATION** Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS 93 APR 22 PH 3: 52 DOCUMENT # J06089 SOUTE FORY OF STATE TOLL ADARBEE, FLORIDA 1. Corporation Name & I INTERNATIONAL, INC. Principal Place of Business Mailing Address 7426 S.W. 48th Street 7426 S.W. 48th Street Miami, FL 33155-4415 Miami, FL 33155-4415 If above addresses are incorrect in any way, line through incorrect information and enter correction below 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qua To Do Business in Florida 231 Altara Avenue 231 Altara Avenue
Suite, Apt. #, etc. 03/17/1986 FE! Number Applied For City & State City & State 59-2045201 Not Applicable Coral Gables, Coral Gables,  $\mathbf{FL}$ CERTIFICATE OF STATUS DESIRED X 33146 USA 33146 USA 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) PID GARCIA, BORIS 7426 S.W. 48th Street Miami, FL 33155 VID NOYOLA, GUSTAVO A. 7426 S.W. 48th Street Miami, FL 33155 8|00002862918~ -ns/ns/99--01007--019 \*\*\*\*908.75 \*\*\*\*908.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Miriam De Toro, CPA GARCIA, BORIS Street Address (P.O. Box Number is Not Acceptable) 7428 S.W. 48th Street 231 Altara Avenue Miami, FL 33155 Suite Apl #. Etc State | Zip Code FL | 33146 Coral Gables 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 REGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information on intangible tax.) Intangible Personal Property tax due June 30. 12. I certify that I am an officer of 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 filling 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 lees 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 Joy-12-99 (305) 661-1394 Date Daylinic Phone # SIGNATURE: / SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo-NoyoTa