PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 OCT -6 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05-06

CR2E081 (12/05)

DOCUMENT # K29182

1. Corporation Name: Cupar International, Inc.

2. Principal Office Address		3. Mailing Office Address	
549 Wymore Rd North		549 Wymore Rd N.	
Suite, Apt. #, etc.: 109		Suite, Apt. #, etc.: 109	
City & State: Maitland FL		City & State: Maitland, FL	
Zip: 32751	Country:	Zip: 32751	Country:

4. Date Incorporated or Qualified To Do Business in Florida: 7/22/88

5. FEI Number: 59-2120996 7 ☐ 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: Jeffrey P. Ireland

Street Address (P.O. Box Number is Not Acceptable): 2170 W. State Road 434

Suite, Apt. #, Etc.: STE 6?

City: Longwood State: FL Zip Code: 32779

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: [signature] Date: 9/16/06

REGISTERED AGENT MUST SIGN

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
D	Mannil, Harry	Calle Londres Edif. Plaza C Piso #6, Las Mercedes	Caracas, Venezuela
D	Galvez, Luis	Calle Londres, Edif. Plaza C Piso #6, Las Mercedes	Caracas, Venezuela
	JR 10/9		100080543051 10/06/06--01012--008 **900.00

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: [signature] Harry Mannil Sept 27, 2006 0058212-9937020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #