PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 OCT 29 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000004656

1. Corporation Name
CUSTOMERFIRSTIVAL, INC

REINSTATEMENT 01-02

2. Principal Office Address	3. Mailing Office Address
1030 N.E 180 TERRACE	P.O. BOX 245395
Suite, Apt. #, etc.	Suite, Apt. #, etc.
NORTH MIAMI BEACH	PEMBROKE PINES
Zip: 33162 Country: DADE	Zip: 33024 Country: BRAWORD

4. Date Incorporated or Qualified To Do Business in Florida: 07-14-2000

5. FEI Number: NONE ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for 5 Certificate of Status

7. Name and Address of Current Registered Agent

Name: WILFRID BELFORT

Street Address (P.O. Box Number is Not Acceptable): 1030 N.E 180 TERRACE

200008681492
10/29/02--01151--019 **306.25

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33162

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: Wilfrid Belfort
REGISTERED AGENT MUST SIGN

Date: 10-7-02

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
PTD	WILFRID BELFORT	1030 N.E 180 TERRACE	MIAMI FL 33162
VSD	BIEN. AIME HERARD	1030 N.E 180 TERRACE	MIAMI FL 33162
D	ERLYNE LOUIS	1030 N.E 180 TERRACE	MIAMI FL 33162

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: Wilfrid Belfort WILFRID BELFORT 10-7-02 1305.766.9066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JF 11/5/02