PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 19 PM 12:48

REINSTATEMENT01

DOCUMENT # P00000000338

1. Corporation Name
CONTINENTAL INTERNATIONAL SUPPLY COMPANY

2. Principal Office Address	3. Mailing Office Address
2175 S.W. 78 PLACE	P.O. BOX 55-7854
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FLORIDA	City & State: MIAMI, FLORIDA
Zip: 33155 Country: U.S.A.	Zip: 33255 Country: U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: Dec 1999

5. FEI Number: 65-0999338 ☐ 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: Tuttle, William M II

Street Address (P.O. Box Number is Not Acceptable): 169 E. Flager Street, Suite 1700

Suite, Apt. #, Etc.:

City: Miami, Florida 33131 State: FL Zip Code: 33131

700004661817--2
-11/01/01--01008--015
****750.00 ****750.00

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 WT W Tuttle
REGISTERED AGENT MUST SIGN

Date October 17, 2001

CR2E081 (9/00)

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
VS	Lorido, Maria	P.O. Box 55-7854	Miami, Florida 33255
PT	Lorido, Jose A.	P.O. Box 55-7854	Miami, Florida 33255

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: Mlorido 10/17/2001 (305)668-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #