CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Socretary of State DOVISION OF CORPORATIONS OI DEC -7 AM 9 09 SECRETARY OF STATE TALLAMSSEE, FLORIDA 9000 AM 10	PLEASE REA	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.					
SCORTARY OF STATE TALAMASSEE, FLORIDA TO BACCO & Candy International, Inc. SECRETARY OF STATE TALAMASSEE, FLORIDA SOURCE & Candy International, Inc. SECRETARY OF STATE TALAMASSEE, FLORIDA SOURCE & Candy International, Inc. 2. Production Office Address (Unit & 5.5) 2. Mailing Office Addre		Kar Sec	therine Harris cretary of State				
South Address Color South Sout	1. Corporation Name				SECRETARY OF STATE	Manager and the second	
Suite, Apt. 8, etc. Suite, Apt. 8, etc. 4. Date incorporated or Qualified To Do Business in Foods 3 Do Suite, Apt. 8, etc. 4. Date incorporated or Qualified To Do Business in Foods 3 Do Suite, Apt. 8, etc. S. EEI Number				9	000047400396 -12/26/0101105003	te meneralisation transverse . Op (s) is a sec-	
City & State A Date Incorporation of Countified Date D				REIM	INTERIOR OF		
Milam; Respectively. See Country 5. FEI Number (LS-099346 Not Applicable Not Not Applicable Not Applicable Not Applicable Not Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable Not Not Applicable Not Applicable Not Not Applicable Not Not Applicable Not Applicable Not Not Applicable Not Applicable Not Not Applicable Not Not Applicable Not Applicable Not Not Applicable Not Not Applicable Not Applicable Not Not Not Not Applicable Not				4. Date Incorporated or Qualified To Do Business in Florida 3 116 00			
Solid Additional Fee requires for a Certificate of Status Desired Solid Additional Fee requires for a Certificate of Status	Miami, A		Country	5. FEI Numbe	r Applied For		
Name G; + 40 no Bryant Stroet Address (P.O. Box Number to Arc Acceptable) 23 0 5 N.W. 107 Avenue, Un; + B-50 Suite, Apt. 8, Etc. City Ni Ann. 6. 1. being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S. Signature of Registered Agent Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 1. Titles Officers and/or Director Officer and/or Director Officer and/or Director Officer and/or Director 1. Titles Officers and/or Director Officer and/or Di		Σip	Country				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	Street Address (P.O. Box Number & Rot Acceptable) 2305 N.W. 107 Avenue, Uni + B-55 Suite, Apt #, Etc. City Miami						
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Differ and/o	Signature of Registered Agent Date 12/05/01						
Dohn Alexander Dohn Alexander	Titles Name of		Street Address of Each		City / State / Zip		
D Jose M. Norom 2305 M 107 Av. #8-55 Miani. R. 33172 D John Alexander 2305 NW 107 Av. #8-55 Miani. R. 33172 D Ernesto Erdmann 2305 NW 107 Av. #8-55 Miani. R. 33172 10.1 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 filling this reinstatement application, the reason for dissolution has been elliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been pald and the names of individuals listed on this form do not quality 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.	D- Gitano Bryan	+ - 3	1305 NO 107 1	Ave.#B-JJ	Miami, FL 33172		
D Ernesto Erdmann 33 of NW Ion Aw. #B-55 M; am; A 33172 10.1 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 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 fees owed by the corporation have been paid and the names of individuals listed on this for on or quality 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.	D Jose M. Nor				:		
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SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Desyline Phone #	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						