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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
17 MAY -8 PM 4:45
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000041025

400299018794

CR2E081 (11/10)

1. Corporation Name

GEOFFREY NATHAN CONSULTING INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
LE VICTORIA	aawad@aacm.mc
Suite, Apt. #, etc.	Suite, Apt. #, etc.
13 BLVD PRINCESSE CHARLOTTE	
City & State	City & State
..ONACO	
Zip / Country	Zip / Country
MC 98000 / MONACO	

4. Date Incorporated or Qualified To Do Business in Florida: March 28th, 2000

5. FEI Number: 98-0233681 — 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: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.:

City: TALLAHASSE — State: FL — Zip Code: 32301-2525

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: M. Zender — Melissa Zender — REGISTERED AGENT MUST SIGN — Asst. Vice President — Date: May 3rd, 2017

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
Mr	ANTOINE AWAD	31 Avenue Princesse Grace	MC 98000 MONACO
Mr	ANDREW MANN	20 Boulevard Princesse Charlotte	MC 98000 MONACO

10. E-mail Address: aawad@aacm.mc - syammine@aacm.mc
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 05/03/2017 — Date — +377 93 50 46 16 — Daytime Phone #

RE 5/8/17

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 610201 8134931

AUTHORIZATION :

COST LIMIT : $ 1,950.00

ORDER DATE : April 21, 2017

ORDER TIME : 3:12 PM

ORDER NO. : 610201-005

CUSTOMER NO: 8134931

DOMESTIC FILINGS

NAME: GEOFFREY NATHAN CONSULTING INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender - Ext#

EXAMINER'S INITIALS _____

RECEIVED
2017 MAY -8 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA