

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT #** P00000050898

1. Corporation Name

Planet International, Inc.

2. Principal Office Address - No P.O. Box #

7818 NW 46th Street

Suite, Apt. #, etc.

3. Mailing Office Address

11890 SW 8th Street

Suite, Apt. #, etc.

PH VII

City & State

Miami, FL

City & State

Miami, FL

Zip

Country

33166

USA

Zip

33184

Country

USA

7. Name and Address of Current Registered Agent

Name

O&P Tax-Accounting Corp.

Street Address (P.O. Box Number is Not Acceptable)

11890 SW 8th Street

Suite, Apt. #, Etc.

PH VII

City

Miami

State

FL

Zip Code

33184

4. Date Incorporated or Qualified
To Do Business in Florida

5/23/2000

5. FEI Number

65-1010981

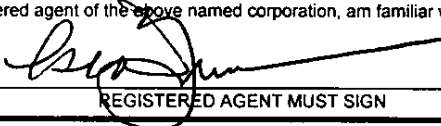
Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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


Date 11/15/2007

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
P	Carlos Graciani	7818 NW 46th Street	Miami, FL 33166

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



Carlos Graciani, President.

11/15/2007

805-284-8410

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #