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 -8 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000069454

1. Corporation Name
International Discount Corporation Group USA

REINSTATEMENT 2002

2. Principal Office Address	**3.** Mailing Office Address
1865 Brickell Ave	1865 Brickell Ave
Suite, Apt. #, etc.: 1609	Suite, Apt. #, etc.: 1609
City & State: Miami, Fl	City & State: Miami, Fl
Zip: 33129 Country: DADE	Zip: 33129 Country: DADE

4. Date Incorporated or Qualified To Do Business In Florida: 7-20-2000

5. FEI Number: 65-1025487 ☐ 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: ERNESTO BERNADET

Street Address (P.O. Box Number is Not Acceptable): 7540 Los Pinos Blvd.

Suite, Apt. #, Etc.:

City: Coral Gables State: FL Zip Code: 33143

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****408.75 ****408.75

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: 9-30-02
REGISTERED AGENT MUST SIGN

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****500.00 ****500.00

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
Pres. D	ERNESTO BERNADET	1865 Brickell Ave #1609	Miami, Fl 33129
Treasurer D	MARIA M. BERNADET	1865 Brickell Ave #1609	Miami, Fl 33129
V.P. D	CRISTIAN RE. VAN HAUTE	1865 Brickell Ave #1609	Miami, Fl 33129
MANAGING Director	John SWAIN	1865 Brickell Ave #1609	Miami, Fl 33129

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: _____ 9.30.02. 305-854-0045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #