

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris
Secretary of State**

DIVISION OF CORPORATIONS

FILED

02 APR 22 PM 6:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P00000102830

1. Corporation Name

INTERNATIONAL FINANCIAL UNION, INC.

2. Principal Office Address

600 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 206 F

City & State

MIAMI, FL

Zip

33131

Country

3. Mailing Office Address

600 BRICKELL AVENUE

Suite, Apt. #, etc.

SUITE 206 F

City & State

MIAMI, FL

Zip

33131

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

10/30/2000

5. FEI Number

65-1057336

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

ELIAS TSALIKIS

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

801 BRICKELL BAY DRIVE

Suite, Apt. #, Etc.

SUITE 768

City

MIAMI

State

FL

Zip Code

33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04/18/2002

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
<u>D/P</u>	<u>WERNER WINTERMEYER</u>	<u>600 BRICKELL AVE, SUITE 206 F</u>	<u>MIAMI, FL 33131</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WERNER WINTERMEYER

04/18/02

Date

786 425 0404

Daytime Phone #

CR2E081 (9/01)