

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 13 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0000014552

1. Corporation Name
TIGER INTERNATIONAL GROUP INC

2. Principal Office Address
7925 N.W. 12TH ST.

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
SUITE 112

Suite, Apt. #, etc. ✓

City & State
MIAMI, FL.

City & State ✓

Zip Country
33126 MIA-DAR

Zip Country ✓

4. Date Incorporated or Qualified
To Do Business in Florida DEC. 14, 2000

5. FEI Number Applied For
65-1071298 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: JORGE I. ALVEAR
Street Address (P.O. Box Number is Not Acceptable): 1540 MERCADO AVE 500012391645
Suite, Apt. #, Etc.: CORAL GABLES, FL 02/12/03--01066--003 **1.050.00
City: State FL Zip Code 33146

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: FEB 06, 2003

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
SECV TREAS.	PEDRO VIAL DE ROYT,	1540 MERCADO AVE CORAL GABLES, FL. (33146)	

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] (JORGE I. ALVEAR) 02/06/03 (305) 593-8513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED
DEPT. OF REVENUE
2003 FEB -6 AM 10:37
REINSTATEMENT 01-03

CR2E081 (10/02)

2/21/03