FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 Sep 23 AM 10:16

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000000978

1. Corporation Name

SinoFresh Corp.

REINSTATEMENT 03

2. Principal Office Address	3. Mailing Office Address
516 Paul Morris Drive	same as principal office
Suite, Apt. #, etc.	Suite, Apt. #, etc.
n/a	
City & State	City & State
Englewood, Florida	
Zip / Country	Zip / Country
34223 / USA	

4. Date Incorporated or Qualified To Do Business in Florida 1/3/01

5. FEI Number 65-1082270 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.: n/a

City: Plantation | State: FL | Zip Code: 33324

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: Jack Cosky, Asst VP — REGISTERED AGENT MUST SIGN — Date: 9/22/03

CR2E081 (9/01)

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
Chair of BOD, CEO	Charles Fust	same as principal office address	
DIRECTOR	P. Robert DuPont	same as principal office address	
DIRECTOR SECRETARY	David M. Otto	900 Fourth Avenue, Suite 3190	Seattle, WA 98164
DIRECTOR	Stacey Maloney	same as principal office address	
DIRECTOR	Stephen Bannon	same as principal office address	

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: David M. Otto, Secretary 9/22/03 2062629545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL010 - 11/12/02 C T System Online

jp 9/23

Florida Department of State

Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

SINOFRESH CORP.

Certificate of Status	0
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