

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

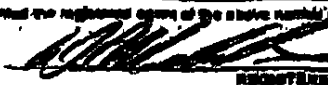
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 04 AUG 13 PM 1:38 SECRETARY OF STATE TALLAHASSEE, FLORIDA																									
DOCUMENT # P01000058794																													
1. Corporation Name MC WILLIAM & PARTNERS WORLD WIDE TRADING COMPANY, INC																													
2. Principal Office Address 1548 BRICKELL AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 8, RUE DU ROCHER Suite, Apt. #, etc.		02-04 08-02-04 01092 014 \$1,050.00 4. Date Incorporated or Qualified To Do Business in Florida JUNE 13, 2001 5. FEI Number 65-1113410 6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status																									
City & State MIAMI - FLORIDA		City & State NICE - FRANCE																											
Zip 33129	Country USA	Zip 06000	Country FRANCE																										
7. Name and Address of Current Registered Agent Name D. MICHAEL LEWIS, Street Address (P.O. Box Number is Not Acceptable) 475 NORTHEAST 50TH TERRACE Suite, Apt. #, Etc. City MIAMI																													
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S. Signature of Registered Agent <u>See Attached</u> Date _____ REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>Dr.</td> <td>CINZIA ROVIDA</td> <td>8, RUE DU ROCHER</td> <td>NICE - FRANCE</td> </tr> <tr> <td>Dr.</td> <td>GUGLIELMO ARCARI</td> <td>8, RUE DU ROCHER</td> <td>NICE - FRANCE</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	Dr.	CINZIA ROVIDA	8, RUE DU ROCHER	NICE - FRANCE	Dr.	GUGLIELMO ARCARI	8, RUE DU ROCHER	NICE - FRANCE												
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Dr.	GUGLIELMO ARCARI	8, RUE DU ROCHER	NICE - FRANCE																										
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: <u>CINZIA ROVIDA</u> <u>Rovida</u> July 1, 2004 0033-6 7717-5949 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																													

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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000058484					
1. Corporation Name MC WILLIAM & PARTNERS WORLD WIDE TRADING COMPANY, INC					
2. Principal Office Address 1549 BRICKELL AVENUE City, Apt. #, etc.			3. Mailing Office Address 8, RUE DU ROCHER City, Apt. #, etc.		
City & State MIAMI - FLORIDA			City & State NICE - FRANCE		
Zip 33129		Country USA		Country FRANCE	
4. Date Incorporation or Continued To Do Business in Florida JUNE 12, 2001					
5. FEI Number 65-1413410				6. Annual Fee Not Applicable	
7. Certificate of Status Searched ☒					
8. Name and Address of Current Registered Agent					
Name D. MICHAEL LEVITS					
Street Address (P.O. Box Number is Not Acceptable) 475 NORTHEAST 50TH TERRACE					
City, Apt. #, etc.					
City MIAMI					
9. I, having appointed the registered agent of the above named corporation, am familiar with and accept the obligations of sections 607.002 or 617.002, F.S.					
Signature of Registered Agent  Date 7/7/04					
10. Names and Street Addresses of Each Officer and Director (Florida nonprofit corporations must list at least 3 directors)					
TYPE	Name of Officer and/or Director	Street Address of Each Officer and/or Director		City / State / Zip	
Dr.	CINZIA ROVIDA	8, RUE DU ROCHER		NICE - FRANCE	
Dr.	GIULIELMO ARCARI	8, RUE DU ROCHER		NICE - FRANCE	
11. I certify that I am an officer or director of the corporation or trustee of the corporation and that the reason for dissolution has been determined by the corporation and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(c), F.S. The information included on this application is true and accurate, and my signature shall keep the same legal effect as if made under oath.					
SIGNATURE: CINZIA ROVIDA		Date July 1, 2004		Filing Fee 0033-6 7713-5949	