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

02-04

08-02-04 01092 014 $1,050.00

1. Corporation Name

MC WILLIAM & PARTNERS
WORLD WIDE TRADING COMPANY , INC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1548 BRICKELL AVENUE | 8 , RUE DU ROCHER |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI - FLORIDA | City & State: NICE - FRANCE |
| Zip: 33129 Country: USA | Zip: 06000 Country: FRANCE |

4. Date Incorporated or Qualified To Do Business in Florida: JUNE 13, 2001

5. FEI Number: 65 - 1113410 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certified Copy

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 State: FL Zip Code: 33137

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: See attached Date:

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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 |
|---|---|---|---|
| Dr. | CINZIA ROVIDA | 8 . RUE DU ROCHER | NICE - FRANCE |
| Dr. | GUGLIELMO ARCARI | 8, RUE DU ROCHER | NICE - FRANCE |
| | | | |
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8/13

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.

0033-6

SIGNATURE: CINZIA ROVIDA Rovida July 1, 2004 717-549

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

For RA Signature Only

DOCUMENT # P01000058794

1. Corporation Name

MC WILLIAM & PARTNERS
WORLD WIDE TRADING COMPANY , INC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1649 BRICKELL AVENUE | 6 , RUE DU ROCHER |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: MIAMI - FLORIDA | City & State: NICE - FRANCE |
| Zip: 33129 Country: USA | Zip: 06000 Country: FRANCE |

4. Date Incorporated or Qualified To Do Business In Florida: JUNE 12, 2001

5. FEI Number: 65-1113610 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: D. MICHAEL LEVIS.

Street Address (P.O. Box Numbers Not Acceptable): 475 NORTHEAST 30TH TERRACE

Suite, Apt. #, Etc.:

City: MIAMI. State: FL Zip Code: 33137

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: _____ Date: 7/7/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|---|---|---|---|
| Dr. | CINZIA ROVIDA | 6 , RUE DU ROCHER | NICE - FRANCE |
| Dr. | GUGLIELMO ARCARI | 6, RUE DU ROCHER | NICE - FRANCE |
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10. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that upon filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name complies the requirements of section 607.0401 or 617.0401, F.S., and 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: CINZIA ROVIDA Rovida July 1, 2004 0033-6 ヲヤイヰ-5949

SIGNATURE AND TYPED OR PRINTED NAME OF PERSON SIGNING APPLICATION | Date | Daytime Phone #