PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 13 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095023

REINSTATEMENT 03-04

1. Corporation Name
Bayview Components International, Inc

2. Principal Office Address	3. Mailing Office Address
5241 N.E. 17th Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Lauderdale, FL	City & State
Zip: 33334 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/27/2001

5. FEI Number: N/A — 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: Petra Goeth
Street Address (P.O. Box Number is Not Acceptable): 5241 N.E. 17th Ave
Suite, Apt. #, Etc.:
City: Ft. Lauderdale State: FL Zip Code: 33334

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: 03-09-04

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
P	Ruediger Goeth	5241 N.E. 17th Ave	Ft. Lauderdale, FL 33334
VP	Petra Goeth	5241 N.E. 17th Ave	Ft. Lauderdale, FL 33334
			400039072234 07/13/04--01067--020 **700.00

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: Ruediger Goeth 07.06.04 954.563-70-71
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #