PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 28 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000111120

1. Corporation Name
EGC INTERNATIONAL CORP.

2. Principal Office Address		**3.** Mailing Office Address	
3260 NW 23rd Avenue		3260 NW 23rd Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1400 E		1400 E	
City & State		City & State	
Pompano Beach, FL		Pompano Beach, FL	
Zip	Country	Zip	Country
33069	USA	33069	USA

4. Date Incorporated or Qualified To Do Business in Florida Nov. 20, 2001

5. FEI Number 65-1159002 ☐ 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
Atrium Registered Agents, Inc.

600035787256
05/07/04--01095--032 **8.75

Street Address (P.O. Box Number is Not Acceptable)
1500 San Remo Avenue

Suite, Apt. #, Etc.
125

REINSTATEMENT 03-04

City
Coral Gables

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 _____ Date 4/22/04

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
DP	Arnaldo Gonzalez Sosa	3260 NW 23rd. Ave. #1400 E	Pompano Beach, FL 33069
D	Manuel de Leca	3260 NW 23rd. Ave. #1400 E	Pompano Beach, FL 33069
D	Arturo Moron	3260 NW 23rd. Ave. #1400 E	Pompano Beach, FL 33069

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: _____ April 23, 2004 (954) 979-5570

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