1 of 2

# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 27 AM 8:49

DOCUMENT # P03000031917

1. Entity Name
Handicraft International, Inc.

REINSTATEMENT 04-05

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 25201 SW 177th Ave | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Miami, Fl | City & State |
| Zip: 33031 Country | Zip Country |

4. FEI Number: 20-3520989 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Pinto, Efrain

Street Address (P.O. Box Number is Not Acceptable)

25201 SW 177th Ave

City: Miami FL Zip Code: 33031

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

400060206514
10/04/05--01027--019 **300.00

SIGNATURE: _____ DATE
(Signature, typed or printed name of agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | Pinto, Efrain |
| STREET ADDRESS | 25201 SW 177th Ave |
| CITY-ST-ZIP | Miami, Fl 33031 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ P
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2004 and 2005 or any other notice from the Division of Corporations in respect with the Corporation, **HANDICRAFT INTERNATIONAL, INC.**

Thank you for your courtesy in this matter.

**EFRAIN PINTO**
**PRESIDENT**