## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPART Secretary DIVISION OF CO	of State	STATE		07 AUG -		ı: 17	
DOCUMENT # 803 0000 L/ 131				SEURLING STATE TALLAHASSEE, FLORIDA				
ERA INTERNATIONAL, INC.								
2. Principal Office Address - No P.O Box#	3. Mailing Office Address	1 1						
10815 SW 176 Street Suite, Apt. #, etc.	10815 5W 1	5w 176 Street		CR2E081 (1/07)				
30.05, 1.1p. 11, 3.05.					orated or Qualified ness in Florida			
City & State City & State		<u> </u>		5. FE! Number	FEt Number Applied For			
Mlami, FC	Miami, FL	Country		02	-068931		Not Applicable	
33157 Dade	33157	bade		G. CERTIFICATE	OF STATUS DESIRE		Additional Fee required Certificate of Status	
7. Name and Address of Current Registered Agent								
Name RAUL GARCIO				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.				
Street Address (P.O. Box Number is Not Acceptable) 78.30 SW Churro Real # K310								
Suite, Apt. #, Etc.								
City & State Zip Code								
" Mami			143					
8. I, being appointed the registered agent of the above named corboration, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.							:	
Signature of Registered Agent					Date 08/01/07			
REGISTER D AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)								
Titles Name of	Jor Director (Florida honpro	Street Address of Each			City / State / Zip			
Officers and/or Directors		Officer and/or Director						
Y KAUL GARCIO		Miani			Mami.	FC.	33157	
S HUGO Reyes	142	36 SW	148	AUR	Mani	FL	33196	
						•		
REINSTATI	EMENT	281	7		0010	<b>453</b>	192	
				08/9 	97797010	50- <b>-</b> 005	**1650.00	
RH								
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 contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the samples of effect as if made under oath.								
SIGNATURE: LAUL GA		C.	70	08/	101/02	286	- 346 - 0692 10 Phone #	
SIGNATURE AND TYPED OR PR	IN LED NAME OF SIGNING OF	TOER OR DIRECTO	~^		(Jaka	Jayun		