

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000096883

1. Corporation Name

Rhythms International Company

2. Principal Office Address

4470 N.W. 17th Terrace

3. Mailing Office Address

4470 N.W. 17th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

City & State

Ft. Lauderdale, FL

Zip

33309

Country

US

Zip

33309

Country

US

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

09/04/2003

5. FEI Number

20-0267961

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

Peter Mavraides

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

4470 N.W. 17th Terrace

Suite, Apt. #, Etc.

City

Ft. Lauderdale

State  
FL

Zip Code

33309

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

Peter Mavraides

Date 03/16/06

REGISTERED 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 Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	Michael Leclerc	2188 Gale St., St. Augustin	Quebec, Canada G3A 1W7
			100069445231
			04/04/06--01054--018 **1050.00
			B 3/29/06
			REINSTATEMENT 04/06

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 same legal effect as if made under oath.

SIGNATURE: X

*Michael Leclerc*  
Michael Leclerc  
President

3/22-2006

Date

800-267-1231

Daytime Phone #