

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
16 JUN 14 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P15000048995

1. Corporation Name

**P.T.G. International Inc.**

2. Principal Office Address - No P.O. Box #

**3250 N.E. 1st Ave**

Suite, Apt. #, etc.

**#305**

City & State

**Miami, FL**

Zip

**33137**

Country

**USA**

3. Mailing Office Address

**3250 N.E. 1st Ave**

Suite, Apt. #, etc.

**#305**

City & State

**Miami, FL**

Zip

**33137**

Country

**USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
06/02/2015

5. FEI Number

**47-4228224**

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

**Ana Casasanta Skaarup**

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

**3250 N.E. 1st Ave**

Suite, Apt. #, Etc.

**#305**

City

**Miami**

State

**FL**

Zip Code

**33137**

600286861566  
06/14/16--01039--015 \*\*750.00

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 **June 7, 2016**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Breno Pilar de Mattos	3250 N.E. 1st Ave #305	Miami, FL
M	Lars Peter Skaarup	3250 N.E. 1st Ave #305	Miami, FL
<b>REINSTATEMENT</b>			JUN 14 2016 <b>R. HUNT</b>

10. E-mail Address: **anaskaarup@gmail.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.

SIGNATURE:

June 7, 2016

(786)717-0260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #