

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

600286881566
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
REINSTATEMENT			JUN 14 2016 R. HUNT

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 #