

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -5 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # P93 000026378

1. Corporation Name

SCHROTH INTERNATIONAL, INC.

2. Principal Office Address

305 GALEN DRIVE

Suite, Apt. #, etc.

109

City & State

KEY BISCAVNE, FL

Zip

33149

Country

U.S.A.

3. Mailing Office Address

P.O. BOX 490565

Suite, Apt. #, etc.

City & State

KEY BISCAVNE

Zip

33149

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1993

5. FEI Number

65-0422118

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

RESTREPO, BEATRIZ

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

305 GALEN DRIVE

Suite, Apt. #, Etc.

109

City

KEY BISCAVNE

State
FL

Zip Code

33149

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 10/18/02

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 |
|--------|--------------------------------------|---------------------------------------------------|------------------------|
| D | SCHROTH, WALTER | 325 LUIS FELIPE VILLARAN | SAN ISIDRO, LIMA, PERU |
| S/M | RESTREPO, BEATRIZ | 305 GALEN DRIVE # 109 | KEY BISCAVNE, FL 33149 |
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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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/02

Date

(305) 308-7686

Daytime Phone #

2001-2002 VBR

CR2E081 (9/01)

292

SCHROTH INTERNATIONAL INC.

305 GALEN DRIVE # 109
Key Biscayne, FL 33149
PHONE: (305) 308-7686 FAX: (305) 365-2489

October 30, 2002

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RE: Document # P930000026378

Attached Please find Reinstatement Corporation form with a Check for \$317.50 for years 2001 and 2002, a Certified copy and a Certificate of Status.

Please waive the penalties as we never received the UBR for prior years. There was a discrepancy in the mailing address. Please see prior address for Registered Agent and the Mailing address.

Thank you very much for your assistance.


Beatriz Restrepo

SCHROTH INTERNATIONAL, INC.