

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG 17 AM 9:16

DOCUMENT # P93000074696

1. Corporation Name

Trigon International Corporation

2. Principal Office Address

10471 NW 28th Street

3. Mailing Office Address

1666 Zenith Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami - FL

City & State

Weston - FL

Zip
33172

Country
USA

Zip
33327

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1993

5. FEI Number

650447756

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E001 (12/05)

7. Name and Address of Current Registered Agent

Name

Jose Luiz Gatto Bijos

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

1666 Zenith Way

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

REGISTERED AGENT MUST SIGN

Date 08/11/2006

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
DPDS	Jose Luiz Gatto Bijos	1666 Zenith Way	Weston / FL / 33327
VP	Luiz Rogerio Bijos	1666 Zenith Way	Weston / FL / 33327
DT	Peter Paul Bonnin	10091 SW 137 Place	Miami / FL / 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Luiz Rogerio Bijos

08/11/2006

Date

Daytime Phone #

(305) 761-8262