1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -7 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93-82847

1. Corporation Name
INTERNATIONAL CREDIT FINANCIAL, INC.
W04-14723

REINSTATEMENT 01 04

2. Principal Office Address	3. Mailing Office Address
8603 S DIXIE HWY	8603 S DIXIE HWY
Suite, Apt. #, etc. # 409	Suite, Apt. #, etc. # 409
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33143 Country USA	Zip 33143 Country USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0450837 ☐ 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 NORM SANCHEZ

Street Address (P.O. Box Number is Not Acceptable) 8603 S. DIXIE HWY

900036515789
05/17/04--01060--011 **$$$.00

Suite, Apt. #, Etc. SUITE 409

City MIAMI State FL Zip Code 33143

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 Norm Sanchez Date 4/7/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
P	NORM SANCHEZ	8603 S DIXIE HWY #409	MIAMI FL 33143

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: Norm Sanchez 4/7/04 305-663-2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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International Credit Financial, Inc.
8603 S. Dixie Hwy Suite 409
Miami, Fl 33143

April 28, 2004

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl 32302-1500

To Whom it May Concern,

We are enclosing our reinstatement for the year 2004. We never received the original report as our mailing address changed and the forwarding order had expired. We would appreciated that the penalty for late filing be waived for reasonable cause.

Thank you in advance for your attention in this matter.

Sincerely,

Norm Sanchez, President
International Credit Finance, Inc.