

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 28 AM 8:43

DOCUMENT # P94000004840

1. Corporation Name

PEJA America Export & Countertrade, Inc.

2. Principal Office Address

307 Barcelona Rd.

Suite, Apt. #, etc.

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A.

3. Mailing Office Address

P.O. Box 2737

Suite, Apt. #, etc.

City & State

Palm Beach, FL

Zip

33480

Country

U.S.A.

REINSTATEMENT 97-00

**4. Date Incorporated or Qualified
To Do Business in Florida**

01-10-94

5. FEI Number

770260610

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

Robert A. Souza

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

307 Barcelona Rd.

Suite, Apt. #, Etc.

City

West Palm Beach

State
FL

Zip Code

33401

800003351398-9
-08/03/00-01098-004
***1208-75 ***1208-75

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

Robert A. Souza
REGISTERED AGENT MUST SIGN

Date 7-25-00

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
C/S/D	Robert A. Souza	307 Barcelona Rd.	West Palm Beach, FL 33401
P/D	Jayne R. Wilson-Souza	307 Barcelona Rd.	West Palm Beach, FL 33401
V/D	Vitalij Bushlovich	307 Barcelona Rd.	West Palm Beach, FL 33401

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:

Robert A. Souza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Souza

7-25-00

Date

561-655-4490

Daytime Phone #

CR2E081 (9/99)