

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
02 JAN 18 AM 11:07

DOCUMENT # P95000051817

1. Corporation Name

INDOCHINE, INC.

2. Principal Office Address

2040 NE 155th St.

3. Mailing Office Address

PO BOX 59-2578

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

N. Miami Beach

City & State

Miami Florida

Zip

33162

Country

USA

Zip

33159-2578

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/95

5. FEI Number

05-0593540

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

Philippe Bosio

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

2040, NE 155th St

Suite, Apt. #, Etc.

City

N. Miami Beach

State

FL

Zip Code

33162

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 NOV. 12, 2001

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

PHILIPPE BOSIO

PO BOX 59-2578

MIAMI FL 33159-2578

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

PHILIPPE BOSIO

NOV 12, 2001

Date

Daytime Phone #

CR2E081 (9/00)