FILED

APPLICATION FOR REINSTATEMENT FOR 1998

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

DO NOT WRITE IN THIS SPACE
98 MAR 12 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To Department of State

1. Name and Mailing Address of Corporation DOCUMENT # P96000020485

FLORIDA P.H. INTERNATIONAL, INC.
3100 NW 72 AVE. S. 108
MIAMI, FL 33122

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: 3100 NW 72 AVE. S.108
Address:
City and State: MIAMI FL 33122
Zip Code: 33122

3. Date Incorporated or Qualified To Do Business in Florida: 03-06-1996

4. FEI Number: 65-0647407

FEI Number Applied For
FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
O/P/T	LUIS GONZALEZ	3100 NW 72 AVE. S.108	MIAMI, FL 33122
O/V	LUIS ROJAS	3100 NW 72 AVE. S.108	MIAMI, FL 33122

REINSTATEMENT 97-98 3/13 PB

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-03/17/98--01025--012
****908.75 ****908.75

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☒ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

LUIS GONZALEZ
3100 NW 72 AVE. S. 108
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name: LUIS GONZALEZ
Street Address (Do NOT Use P.O. Box Number): 3100 NW 72 AVE. S. 108
Street Address (Do NOT Use P.O. Box Number):
City and State: MIAMI FL.
Zip Code: 33122

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505, F.S.

Signature of Registered Agent: [signature] Date: 03-09-98
REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director: [signature] Date: 3/09/98 Phone #: (305) 477-3718

Typed or printed name of signing officer or director: LUIS GONZALEZ, PRESIDENT

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒

Certified Copy Fee (optional) $ 8.75