PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.....

	PORATION STATEMENT	S	ecretary	MENT OF ST of State DRPORATIONS	ATE		2007 OCT 23	PH 2:57
DOCUMENT # P96000027630 1. Corporation Name							SECRETARY TALLAHASSI	EE, FLÖRIÐA
HEGEMONY INTERNATIONAL CONSULTANTS, INC. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address						200111202092 10/23/0701028012 **1500.n0		
900 E. ATLANTIC BLVD SAME			INCO Address			PEINSTACRED TO BUSINESS IN Florida 03/28/1996		
Suite, Apt. #, etc. Suite, Apt. #, s			atc.					
City & State City & State								
POMPANO BEACH-FL						65-0655188 Applied For Not Applicable		
^z ₉ 3060	O USA	Zip		Country		6. CERTIFICATE	OF STATUS DESIRED 58.7	5: Additional Fee required or a Certificate of Status
7. Name and Address of Current Registered Agent								
ANTONIO MONTEIRO					The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
900 E. ATEANTIC BEVD'								
Sum E ^E 5								
POMPANO BEACH				State 33060 °			waived.	
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 10/16/2007		
9. Names	and Street Addresses of Each Officer and	or Director (Flo	rida nonpro	fit corporations mus	t list at le	ast 3 directors)		
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director				City / State / Zip		
Р	ANTONIO MONTEI	900 E. ATLANTIC BLVD#STE			D#STE 3	POMPANO BEA	ACH-FL-33060	
VP	MOISES DOBELIN			900 E. ATLANTIC BLVI			POMPANO BEA	ACH-FL-33060
D	CELIA ROZNER			900 E. ATLANTIC BLV			POMPANO BEA	ACH-FL-33060
D	HERLY MAIER		900 E	. ATLANTIC	BLV	D#STE 3	POMPANO BEA	CH-FL-33060

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 Ame legal effect as if made under oath.

900 E. ATLANTIC BLVD#STE 3

SIGNATURE: 2

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EDWIN GOULART

ERIK PETERSON

AME OF SUSMING OFFICER OR DIRECTOR 10/16/2007

900 E. ATLANTIC BLVD#STE 3 POMPANO BEACH-FL-33060

561 - 305 - 4994 Daytime Phone #

POMPANO BEACH-FL-33060