PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 JUL 24 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000030512

1. Corporation Name
G.E.A. International Inc.

2. Principal Office Address	**3.** Mailing Office Address
13277 SW 144 ter.	13277 SW 144 ter.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL.	City & State: Miami FL
Zip: 33186 Country: Miami Dade	Zip: 33186 Country: Miami Dade

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 65-0656437 ☐ 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: Giuseppe Festa

100004526501---3
-08/09/01--01019--007
***1058.00 ***1058.00
LS

Street Address (P.O. Box Number is Not Acceptable): 13277 SW 144 ter.

Suite, Apt. #, Etc.:

City: Miami State: FL Zip Code: 33186

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
P/D	Giuseppe Festa	13277 SW 144 ter.	Miami FL. 33186
S/D	Maria Festa	13277 SW 144 ter	Miami FL 33186
D	Domingo Festa	13277 SW 144 ter	Miami FL 33186
D	Daniel Festa	13277 SW 144 ter.	Miami FL 33186

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: _____ 6/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #