PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 AUG 18 PM 3:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400022375564
08/18/03--01026--004 **300.00

2003 UBR

DOCUMENT # P96000060245

1. Corporation Name
CIF INTERNATIONAL CORPORATION, INC

2. Principal Office Address	3. Mailing Office Address
9784 GRAND VERDE WAY	9784 GRAND VERDE WAY
Suite, Apt. #, etc. SUITE# 601	Suite, Apt. #, etc. SUITE# 601
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip 33428 Country USA	Zip 33428 Country USA

02-03

4. Date Incorporated or Qualified To Do Business in Florida 07/18/1996

5. FEI Number 65-0705010 ☐ 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 PATRICK GOUVERNEUR

Street Address (P.O. Box Number is Not Acceptable) 9784 GRAND VERDE WAY

Suite, Apt. #, Etc. SUITE # 601

City BOCA RATON State FL Zip Code 33428

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 X _____ Date 8/12/03

REGISTERED AGENT MUST SIGN

CR2E061 (10/02)

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
PSD	PATRICK GOUVERNEUR	9784 GRAND VERDE WAY	BOCA RATON, FL 33428
VPD	ISABELLE GOUVERNEUR	9784 GRAND VERDE WAY	BOCA RATON, FL 33428

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: X _____ 8/12/03 561-883-5814

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Need a check for $ 300.00 Per the State of Florida.

BB