PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97-98

FILED
98 JUN 18 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000068995

1. Corporation Name

CMC International Trading Corp.

Principal Place of Business

9055 SW 156th Ct
Miami, FL 33196

Mailing Address

If above addresses are incorrect or not current, any way, strike through incorrect information and enter correction below

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida 08/19/96

5. FEI Number 65-0688574 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	Carlo Cinquino	9055 SW 156th Ct.	Miami FL 33196
V	Harry Cinquino	9055 SW 156th Ct	Miami FL 33196
S	Sara Lucia Cinquino	9055 SW 156th Ct.	Miami FL 33196

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name: Sara Lucia, Cinquino SS 078-86-4487

Street Address (P.O. Box Number is Not Acceptable): 9055 SW 156th Ct

Suite, Apt. #, Etc.

City: Miami | State: FL | Zip Code: 33196

10. 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: Cinquino Sara | REGISTERED AGENT MUST SIGN | Date: 04/24/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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] CARLO CINQUINO 04/24/98 (305) 385-8932

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #