

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 15 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000075109

1. Corporation Name

CERANOVO INTERNATIONAL CORP

REINSTATEMENT 03

100025482291
12/15/03 - 01010--002 **175.00

2. Principal Office Address

5680 NW 163 STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33014

Country

DADE

Zip

33014

Country

DADE

4. Date incorporated or Qualified
To Do Business in Florida

09/09/96

5. FEI Number

650718144

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

SANDRA NOVO

Street Address (P.O. Box Number is Not Acceptable)

18300 NW 79 CT

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

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

Sandra Novo

Date

12/10/03

REGISTERED AGENT MUST SIGN

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
VP/SEC	SANDRA NOVO	18300 NW 79 CT	MIAMI, FL. 33015
P	LINO L. NOVO	18300 NW 79 CT	MIAMI, FL. 33015

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:

Sandra Novo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/03

Date

Daytime Phone #

305-474-7070

CR2081 (10/02)

CERANOVO INTERNATIONAL CORP.

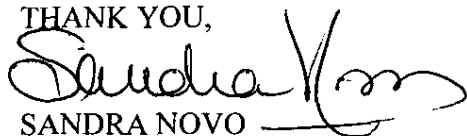
12/10/03

DEPT OF STATE
DIVISION OF CORPORATIONS
409 E GAINES STREET
TALLAHASSEE, FL. 32399

DEAR SIRs,

PLEASE WAVE THE REINSTATEMENT FEE FOR CERANOVO
INTERNATIONAL CORP. FEI # 65-0718144. IT WAS NEVER RECEIVED. OUR
PREVIOUS BOOKKEEPER DID NOT MAKE US AWARE THAT THIS FORM HAD
NOT BEEN RECEIVED. I HAVE ENCLOSED THE APPLICATION AND THE
FILING FEE.

THANK YOU,


SANDRA NOVO

5680 NW 163 STREET MIAMI, FL. 33014
TEL. 305-474-7070 FAX 305-474-7742