APPLICATION FOR REINSTATEMENT

Sandra B. Mortham
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000002884

OBM INTERNATIONAL, INC.

Principal Office Address
9350 S. Dixie Hwy., PH2
MIAMI, FL 33156

Mailing Address

1. Above addresses are incorrect in any way, one through incorrect information and enter correction below.

REINSTATEMENT 98-99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 1/10/97

5. FEI Number: ☐ 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
PSD	LEONARDO A. ROTH	PH2, 9350 S. DIXIE HWY.	MIAMI, FL 33156
VTD	MARK E. ROUSSO	PH2, 9350 S. DIXIE HWY.	MIAMI, FL 33156

REINSTATE
-02/09/99--01134--018
****900.00 ****900.00

8. Name and Address of Current Registered Agent

MARK E. ROUSSO, ESQ.
PH2, 9350 S. DIXIE HWY.
MIAMI, FL 33156

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Numbers Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

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: [signature] Date: 1/28/99

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: [signature] President 1/28/99 (305) 670-9994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Leonardo A. Roth — Date — Daytime Phone #