

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT 25 PM 12: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000015596

1. Corporation Name

CIE INTERNATIONAL, INC.

2. Principal Office Address

C/o 1001 Brickell Bay Dr.

Suite, Apt. #, etc.

9th Floor

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

C/o 1001 Brickell Bay Dr.

Suite, Apt. #, etc.

9th Floor

City & State

Miami, FL

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/1997

5. FEI Number

650028766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

03-06

7. Name and Address of Current Registered Agent

Name

Miguel G. Farra

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

1001 Brickell Bay Drive

Suite, Apt. #, Etc.

9th Floor

City

Miami

State

FL

Zip Code

33131

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10/23/06

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
D	Manuel V. Cadavid	1001 Brickell Bay Drive, 9th Floor	Miami, FL 33131
	<u>\$10/27</u>		
			800081177908 10/25/06--01008--009 **1200.00

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MANUEL V. CADAVID, President

Date

10/23/06

Daytime Phone #

(305) 373-5500