FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIMSION OF CORPORATIONS DI OCT 11 AM 11: 50 SECRETARY OF STATE TALLAMASSEE FLURIBA 1. Corporation Name INTER- COTTON COMP PANY 2. Principal Office Address 8 S	PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.			
SECRETARY OF STATE 1. Corporation Name 1. Name and Address of Current Registered Agent 1. Name and Address of Current Registered Registered Agent 1. Name and Address of Current Registered Registered Agent 1. Name and Address of Current Registered Registered Agent 1. Name and Address of Current Registered R	CORPORATION REINSTATEMENT	Katherine Harris Secretary of State		
2. Principal Office Address 2. Suite, Apr. #, etc. 2. Suite, Apr. #, etc. 3. Mailing Office Address 2. Suite, Apr. #, etc. 3. Mailing Office Address 2. Suite, Apr. #, etc. 3. Mailing Office Address 4. Date Incorporated or Qualified 5. To Do Business in Florada 5. To Do Business in Florada 7. Name and Address of Country 6. CENTIFICATE OF STATUS DESIRED 7. Name and Address of Current Registered Agent Name Corporation Service Company 5. Street Address (P.O. Book Namber is Not Acceptable) 1. 201 Hays Street 5. Liberts appointed for registered agent of the above polined corporation, em familier with and accept the obligations of section 607.0505 or 617.0503, F.S. 5. Signature of Particular Addresses of Each Officer andro Director of Princis Integration of Particular Agent 7. Name and Street Addresses of Each Officer andro Director of Princis Integration of Particular Agent 7. Name and Street Addresses of Each Officer andro Director of Princis Integration of Particular Agent 7. Name and Street Addresses of Each Officer andro Director of Princis Integration of Particular Agent 7. Name and Street Addresses of Each Officer andro Director of Princis Integration of Particular Agent 7. Name and Street Addresses of Each Officer andro Director of Princis Integration of Particular Agent 8. Liberts appointed Agent 8. Liberts appointed Agent 8. Liberts and Street Addresses of Each Officer andro Director of Particular Agent 8. Liberts and Street Addresses of Each Officer andro Director 9. Names and Street Addresses of Each Officer andro Director of Particular Agent 1. Decoration Age	DOCUMENT # 197000056965		SECRETARY OF STATE	
Suite, Apt. 8, etc. Suite Apt. 8, etc. The Country In Countr	INTER-COTTON COMPANY			
City & State City & State City & State City & State State City & City & State City & State City & State City & State City	888 Seventh Ive. 888	THE tre		
Street Addresse (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee 8. I. being appointed five registered agent of the above parmed corporation, am familiar with and accept the obligations of section 607,0505 or 617,0503, F.S. Signature of Registered Agent REGISTERED MEMT MIST SIGN RTNEY, ASST. V.P. Date Officer and/or Director PHEN Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officer and/or Director Of	New York N.y. News	5. FEIN Country 6.	Sumber Applied For Not Applicable Summer	
Signature of Registered Agent REGISTERED REPAIRMST SIGNATUREY, ASST. V.P. 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip PHEY NO. 1. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City State Zip Code			
Titles Name of Officers and/or Directors Officer and/or Director Officer And/o	Signature of			
P Hervan Landvann 688 https://www.nig.com/state/Zip S Lanar Coner Lyt. 4481 Legendary brive Deatin F1. 32840 10004641651—6 -10/18/01—01049—011 ****1050.00 ****1050.00 ****1050.00 ****1050.00 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 under section 119.07(3)(i), F.S. The information indicated	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
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SIGNATURE: 10-09-01212-265-380 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				

ZE081 (9/00)