PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| | CNATION | _ | . | ST [*] | | SECRETA TALLAHA | FILED ARY OF STA SSEE, FLOI 14 AM II: | RIDA | |
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| | IMENT #P9 1000 | | 34) | | | | * * | | |
| 1. Corporati | CONSULAR | INTERN | JATIONAL, I | NC. | | | † ! : | | |
| A D ::1 | LOSS as Address | 3 Molling Offic | no Addrese | | | | ł | | |
| | Office Address | 3. Malling Office Address 3807 PNE LAKE DR | | | | | : | | |
| <u>\$ 6 C</u> Sulte, Apt. #, | OT PINE LAKE DR | Sulte, Apt. #, etc. | | | | | ! | | |
| Suke, Apt. # | , 010 . | 0210,74117,011 | - | | 4. Date Incorp | orated or Qualif ness in Florida | ied | | \Box |
| City & State | | City & Ctate | | | | | 17/3/9 | 7 | |
| , , | ESTON, FL | (1)ES | TON, FL | | 5. FEI Number | , 581958. | 7 | Applied For Not Applica | _ |
| Zip | Country | Zip | Country | | 6. | | ÷ \$8.75 ¢ | Additional Fee requ | |
| _3 33 | 332 USA | _3333 | 32 USA | - | CERTIFICATE | OF STATUS DES | for a | Certificate of State | us |
| | • | 7. Nan | me and Address of Curre | ent Registere | ed Agent | | Ì | | |
| | Name | - P | Mailandin | .1 | _ | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) | | | | | <u>□□□□</u> ∩77- | 445 (*) 10/0101 | 059-024 | 6 |
| | 3807 PING LAKE DR. | | | | | *** | | ****450.0 | 10 |
| | Suite, Apt. #, Etc. | | | | | | | | |
| | CHY WESTON | •* | | | · · · · · · · · · · · · · · · · · · · | 1 1 : | 3333 3333 | - | |
| 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 | 6/11/01 | | —————————————————————————————————————— |
| 9. Names | and Street Addresses of Each Officer and | /or Director (Florid | da nonprofit corporations r | must list at lea | ast 3 directors) | | ı | , | \neg |
| Titles | Name of Officers and/or Directors | | Street Add | dress of Each | | | City / State / | Zip | |
| P/D | SIGALIT P. NEHANKIN | | 3807 PINE LAKE DR. | | | WECT | N, FL | 2222] | |
| 110 | JIGALII V. NERA | <u> </u> | JOUT VINE E | -MXE 1 | 125 | 000310 | 1 | <u> </u> | 7 |
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| this rein | that I am an officer or director or the recenstatement application, the reason for dissoly the corporation have been paid and the application is true and accurate, and my strucks. Sugal Muha | olution has been en ames of individual ignature shall have | eliminated, the corporate nals listed on this form do nals the same legal effect as | name satisfies not qualify for a if made unde | the requirements an exemption und | of section 607. | 0401 or 617.0401)7(3)(i), F.S. The ir | , F.S., that all fees | • |
| | SIGNATURE AND TYPED OR PR | INTED NAME OF SI | GNING OFFICER OR DIREC | TOR | | Date | Daytime | Phone # | |