

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 20 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000070834

1. Corporation Name

CAPITAL INTERNATIONAL LIMITED, INC.

2. Principal Office Address

1241 S.W. 124 ct.

Suite, Apt. #, etc.

Suite C

City & State

Miami, FL

Zip

33184

Country

USA

3. Mailing Office Address

1241 S.W. 124 ct.

Suite, Apt. #, etc.

Suite C

City & State

Miami, FL

Zip

33184

Country

USA

REINSTATEMENT 99-2000

4. Date Incorporated or Qualified To Do Business in Florida

8/15/97 SF

5. FEI Number:

65-0786564

Applied For

Not Applied

6. CERTIFICATE OF STATUS DESIRED REGULAR REINSTATEMENT AFTER

7. Name and Address of Current Registered Agent

Name

Stacy Cobian

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

1241 S.W. 124 ct.

Suite, Apt. #, Etc.

Suite C

City

Miami

State
FL

Zip Code
33184

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

Stacy Cobian

REGISTERED AGENT MUST SIGN

Date

1/19/2000

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
CEO	OSCAR COBIAN	80 FLOWER AVENUE	WASHINGTON, NJ 07832
P/D	NANCY COBIAN	80 FLOWER AVENUE	WASHINGTON, NJ 07832
VP/S/T	Stacy COBIAN	1241 S.W. 124 ct.	Miami, FL 33184

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)(f), 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:

Oscar Cobian

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/2000

Date

908-689-3620

Daytime Phone #