PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 MAY 31 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/13/01--01078--010
****500.00 ****500.00

800004418128--9
-06/13/01--01078--011
****400.00 ****400.00

DOCUMENT # P97000074338

1. Corporation Name
International Monetary Group, Inc.

2. Principal Office Address	3. Mailing Office Address
825 Brickell Bay Dr.	825 Brickell Bay Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Tower III Suite 1849	Tower III Suite 1849
City & State	City & State
Miami, FL.	Miami, FL
Zip / Country	Zip / Country
33131 / DADE	33131 / DADE

4. Date Incorporated or Qualified To Do Business in Florida 8/26/1997

5. FEI Number 65-0784597 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
JUVENAL A. PINA

Street Address (P.O. Box Number is Not Acceptable)
825 BRICKELL BAY DR

REINSTATEMENT $400.00

Suite, Apt. #, Etc.
TOWER III Suite 1849

City / State / Zip Code
Miami FL 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 _____ Date 5/25/01
REGISTERED AGENT MUST SIGN

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	PINA Juvenal A	825 Brickell Bay Dr Tower III	Miami, FL. 33131

10. I certify that I am an officer or director of 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.