PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00/01 W302

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 MAY -2 AM 10:38

DOCUMENT # P98000033579

**1.** Corporation Name

KAISUN INTERNATIONAL, Inc.

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 70 Casuarina Concourse | 70 Casuarina Concourse |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Coral Gables FL. | City & State: Coral Gables, FL. |
| Zip: 33143 Country: USA | Zip: 33143 Country: USA |

**4.** Date Incorporated or Qualified To Do Business in Florida: 4-13-98

**5.** FEI Number: 65-0840541 ☐ 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: CRISTINA FIGAROLA

100004271991--3
-05/21/01--01002--004
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable): 70 Casuarina Concourse

Suite, Apt. #, Etc.:

City: Coral Gables, Fl. State: FL Zip Code: 33143

**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: X Cristina Figarola Date: 4/26/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

**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 |
|---|---|---|---|
| PSD | Cristina Figarola | 70 Casuarina Concourse | Coral Gables, Fl. 33143 |
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**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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Cristina Figarola 4/26/01 305-663-1511

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #