PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 13 PM 12:01

DOCUMENT # P98000061222

1. Corporation Name

TILLEY INTERNATIONAL & ASSOCIATES, INC

REINSTATEMENT 00-01

2. Principal Office Address	**3.** Mailing Office Address
820 ORTEGA AVE	820 ORTEGA AVE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: CORAL GABLES, FLA	City & State: CORAL GABLES, FLA
Zip: 33134 Country: US	Zip: 33134 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: JULY 10, 1998

5. FEI Number: 650853767 ☐ 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: CLIVE TILLEY

000004447460--9
-06/27/01--01046--005
****900.00 ****300.00

Street Address (P.O. Box Number Is Not Acceptable): 820 ORTEGA AVE

Suite, Apt. #, Etc. —

City: CORAL GABLES | State: FL | Zip Code: 33134

CR2E081 (9/00)

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: C. P. Tilley — REGISTERED AGENT MUST SIGN — Date: 12TH JUNE 2001

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
P	CLIVE TILLEY	820 ORTEGA AVE	CORAL GABLES, FL. 33134

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: C. P. Tilley — CLIVE PAUL TILLEY — 6/12/01 — (305) 443-4414.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #