PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 13 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000007894

1. Corporation Name
COLINTRADE INTERNATIONAL, INC.

500023759675
10/13/03--01088--014 **1200.00
**REINSTATEMENT** CO -03

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 1550 N.E MIAMI GARDENS DR | 1550 N.E MIAMI GARDENS DR |
| Suite, Apt. #, etc.: 200 | Suite, Apt. #, etc.: 200 |
| City & State: NORTH MIAMI BEACH FL | City & State: NORTH MIAMI BEACH FL |
| Zip: 33179 Country: | Zip: 33179 Country: |

4. Date Incorporated or Qualified To Do Business in Florida: 1/27/1999

5. FEI Number: 20-0267200 ☐ 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: RON DAVIDSON

Street Address (P.O. Box Number is Not Acceptable): 1550 N.E MIAMI GARDENS DRIVE

Suite, Apt. #, Etc.: # 200

City: NORTH MIAMI BEACH State: FL Zip Code: 33179

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) [signature] Date: 9/29/03
REGISTERED AGENT MUST SIGN

CR2E055 (10/02)

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 |
|---|---|---|---|
| VP | RON DAVIDSON | 1550 NE MIAMI GARDENS #200 | N. MIAMI BEACH FL 33179 |
| President | IZHAK ORGAD | 1550 NE MIAMI GARDENS #200 | N. MIAMI BEACH FL 33179 |
| Secretary | MARK RUSSO | 1550 NE MIAMI GARDENS #200 | N. MIAMI BEACH, FL 33179 |
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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:** (X) [signature] 9/29/03 (305) 614-4135
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JT 10/15