

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

02 MAR 25 AM 10:37

DOCUMENT # P99000028028

1. Corporation Name

BECK INTERNATIONAL INVESTMENT
INC.

2. Principal Office Address

1046 MILAN AVENUE

3. Mailing Office Address

1046 MILAN AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES FL.

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/26/1999

5. FEI Number

65-0900941

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

BETRIZ J. OSORIO

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

1046 MILAN AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State
FL

Zip Code

33134

200005205012--5

04/08/02-01051-007

***1058.75 *** 058.75

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

[Signature]
REGISTERED AGENT MUST SIGN

Date

3/19/2002

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	BETRIZ J. OSORIO	1046 MILAN AVENUE	CORAL GABLES, FL / 33134
V	ESTHER STANSU	8511 NW 8TH SE #409	MIAMI FL. 33126

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/19/2002

Daytime Phone #

305 446 779

CR2081 (8/01)