PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -6 PM 3:03

DOCUMENT # **P99000053996**

1. Corporation Name

R.S. INVESTMENT INTERNATIONAL GROUP, INC.

Principal Place of Business	Mailing Address
C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156	C/O ROTH, ROUSSO & BENJAMIN, P.A. 9350 SOUTH DIXIE HWY. PH 2 MIAMI FL 33156

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT REVIEWED

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/15/1999

5. FEI Number: 65-0928990 ☐ Applied For ☐ Not Applicable

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	SANNA, ANTONIO	CALLE 93, 729 (1672)V LYNCH SAN	PCIA. DE BUENOS AIRES ARGENT
DVS	BUSETTO, ERNESTO RUBEN	CALLE 93, 729 (1672)V LYNCH SAN	PCIA. DE BUENOS AIRES ARGENT

100003480381---6
-11/30/400--01014--012
****750.00 ****750.00

10/11/20

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
ROTH, LEONARDO A 9350 SOUTH DIXIE HWY. PH2 MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Leonardo A Roth — Date: 11/3/00
REGISTERED AGENT MUST SIGN

11. 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 Antonio Sanna, Pres. — 11/3/00 — (305)670-9994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #