24 OTT. 2000 17:21 GILARDONI RX NR. 663 P. 2

APPLICATION FOR REINSTATEMENT

DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 JAN -5 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000054907

1. Corporation Name

EXPORT ADVISORS, INC.

Principal Place of Business	Mailing Address
7718 DAWBERRY CT. ORLANDO FL 32819	7718 DAWBERRY CT. ORLANDO FL 32819

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
	c/o MARKS PANETH & SHRON
Suite, Apt. #, etc.	Suite, Apt. #, etc. 622 THIRD AVE
City & State	City & State NEW YORK NY 10017
Zip / Country	Zip 10017 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/16/1999 SP

5. FEI Number: 59-3583462 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional is 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)

(a)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	LANE KINGSTONE	c/o MARKS PANETH SHRON	NY NY 10017
		622 THIRD AVE	
		ATTN: MICHAEL BEKAS CPA	

000003554370--- 1
-01/18/01--01095--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

KINGSTONE, LANE MARSHALL
7718 DAWBERRY CT.
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City State Zip Code

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****158.75 ****158.75

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: SIGNATURE REQUIRED — Date: 19 DEC 2001 / 24 October 2000

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: SIGNATURE REQUIRED — 19 DEC 2001 / 24 October 2000

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

CR2E049 (8/98)