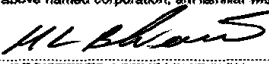
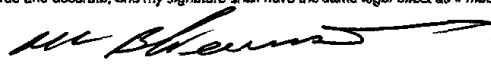


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000096763			
1. Corporation Name C & S INTERNATIONAL TRADING OVERSEAS CORP			
2. Principal Office Address 58 NE 7 th ST Suite, Apt. #, etc.		3. Mailing Office Address 58 NE 7 th ST Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33132	Country DADE	Zip 33132	Country DADE
4. Date Incorporated or Qualified To Do Business in Florida		5. FEI Number 65-0958531	
6. CERTIFICATE OF STATUS DESIRED ☒		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name MARC LEE BLUMENSTINE			
Street Address (P.O. Box Number is Not Acceptable) 58 NE 7 th ST			
Suite, Apt. #, Etc. 100004610791 -09/25/01--01082-035 ***908.75 ***08.75			
City MIAMI		State FL	Zip Code 33132
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 		Date 9-14-01	
REGISTERED AGENT MUST SIGN			
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
PRES DIR	CONSTANTINOS BULGARIDES	777 NE 62 nd ST - #C301	MIAMI, FL 33138
VP DIR	STAVROS BULGARIDES	777 NE 62 nd ST - #C301	MIAMI, FL 33138
TRES	TAMMY LAGMAN	3601 FARRAGUT ST	HOLLYWOOD, FL 33021
DIR	MARC BLUMENSTINE	58 NE 7 th ST	MIAMI, FL 33132
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)(b), 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: 		9-14-01 305-358-3632	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

FILED
01 SEP 21 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00-01

CR2E081 (3/99)