2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000110490			EU CO	
L. Entity Name MULTIMODAL INTERNATIONAL, INC.			FILED	
			05 APR 25 PM 4: 45	
Principal Place of Business	Mailing Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
201 ALHMABRA CIRCLE SUITE 711	201 ALHMABRA CIRCLE SUITE 711		TALLAHASSEE, FLORIDA	
CORAL GABLES, FL 33134	CORAL GABLES, FL 3313	4		
2. Principal Place of Business 3. Mailing Address			I BENDAL IIK BENK BEN DEN BEND II DIN BEND II DIN BEND II DIN BENDA H II DIN	
Suite, Apt. #, etc. Suite, Apt. #, etc.			COZERSTATEMERE ON-05	
Doral FL	& State City & State		4. FEI Number Applied For- 65-0970459 Not Applicable	
Zip 33128, Country	Zìp	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent	
RARRPORT, STEPHEN R		Name		
201 ALHMABRA CIRCLE SUITE 711		Street Add	Street Address (P.O. Box Number is Not Acceptable)	
CORAL GABLES, FL 33134				
		City	FL Zip Code	
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE (38) 205				
Signature, typed or printed name of registered attention	delite il applicable. (NOTE: R	egistered Agent signatu	re required when reinstating) DATE	
FILE NOW!!! FEE IS \$900.00				
10. OFFICERS AND D	IRECTORS Delete	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition	
NAME DI GIACOMO, GALILEO	Li Delete	NAME 7	NEJACOMO, GALILEO .	
STREET ADDRESS 201 ALHAMBRA CIRCLE #711 CITY-ST-ZIP MIAMI, FL 33134		STREET ADDRESS CITY-ST-ZIP	1933 NW 21 Street DOLAL, FL 33122	
TITLE VPD	☐ Delete	TITLE	OCCARDO, HENRIQUE	
NAME BOCCARDO, HENRIQUE STREET ADDRESS 201 ALHAMBRA CIRCLE #711		NAME STREET ADDRESS	1923 NW 21 Street	
CITY-ST-ZIP MIAMI, FL 33134		CITY-ST-ZIP Z	DORAL, FL 93122	
ITILE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Additio 4177754376274 _	
STREET ADDRESS CITY-ST-ZIP -		_STREET ADDRESS.	400054306204 05/12/0501006015 **908.75	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME Street address		
Cfty-St-ZiP		CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS	\\ <i>K</i>	
CITY-ST-ZIP	/ Delete	CITY-ST-ZIP TITLE	☐ Change ☐ Addition	
NAME /	/ //	NAME	7	
STREET ADDRESS CITY-ST-ZIP	//	STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with indicated on this report or supplemental report is	this filling does not qualify for the	e exemption state	d in Section 119.07(3)(i), Florida Statutes. I further certify that the information ve the same legal effect as if made under oath; that I am an officer or director	
of the corporation or the receiver or triggled empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a rackress, with all other like empowered.				
SIGNATURE: X 2/28/05 305-471-4133				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #				