

2006 FOR PROFIT CORPORATION REINSTATEMENT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

| | | | |
|--|---|--|--|
| DOCUMENT # S07121 | |  | |
| 1. Entity Name POUND INTERNATIONAL CORPORATION | | | |
| Principal Place of Business 1221 BRICKELL AVE. 1500 MIAMI, FL 33131 US | | Mailing Address 1221 BRICKELL AVE. STE 1500 MIAMI, FL 33131 US | |
| 2. Principal Place of Business 1221 Brickell Ave Suite, Apt. #, etc. 1060 City & State Miami FL Zip 33131 Country US | | 3. Mailing Address 1221 Brickell Ave Suite, Apt. #, etc. 1060 City & State Miami FL Zip 33131 Country US | |
| 4. FEI Number 13-2609843 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 8. The above named entity submits this 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: <u>Dana C. Puerto V.P. Dana C. Puerto</u> 11-16-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00 | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RACKLIN, DAVID V. 1221 BRICKELL AVE. MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400081986204 11/21/06--01037--010 **150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RACKLIN, TONI R. 1221 BRICKELL AVE. MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D RACKLIN, NICOLE D. 1221 BRICKELL AVE. MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PUERTO, DANA CRIBBS 1221 BRICKELL AVENUE MAIMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee 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 an address, with all other like empowered. | | | |
| SIGNATURE: <u>Dana C. Puerto V.P.</u> 11-16-07 305-530-8202 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | |

2082

**P O U N D
INTERNATIONAL
CORPORATION**

1221 Brickell Avenue, Ste 1060,
Miami, FL 33131, U.S.A.
Tel: +1 (305) 530 8702
Fax: +1 (305) 530 8912
e-mail: pintl@worldnet.att.net

J/J/23/1789

27th November 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Post Office Box 6327
Tallahassee FL 32314

For The Attention of Eula Peterson, Document Specialist

RE: Corporation Reinstatement

Dear Ms. Peterson,

I am returning your letter and the Corporation Reinstatement form duly completed and signed.

We respectfully ask that you please waive the \$600.00 reinstatement fee as we did not receive our 2006 reinstatement documentation. We believe this might be due to the fact that we moved from suite 1500 to suite 1060 at 1221 Brickell Avenue, Miami FL 33131.

Should you need any additional information, please do not hesitate to contact us.

Cordially,
P O U N D INTERNATIONAL CORPORATION


DANA C. PUERTO
VICE-PRESIDENT

Encl: Form CR2E098/Document #S07121, Letter #006A00068053

Please note that you have already received our annual fee of \$150.00