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# 2006 FOR PROFIT CORPORATION REINSTATEMENT


## FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



### REINSTATEMENT

<b>DOCUMENT # S07121</b>			
1. Entity Name <b>POUND INTERNATIONAL CORPORATION</b>			
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"/> <b>\$8.75 Additional Fee Required</b>			
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.</u>		DATE: <u>11-16-06</u>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$750.00</b> 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 <b>400081986204</b> <b>11/21/06--01037--010 **150.00</b>
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>		DATE: <u>11-16-07</u> <u>305-530-8702</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

2012

**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

27<sup>th</sup> 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**