PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS PLEASE

| CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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| 1. Corporation Name Wennin Bros., I, Corp. 2. Principal Office Address 10855 NW 29 St 10855 NW 29 St 10855 NW 29 St 2018, Apt. #, etc. 2. Date Incorporated or Qualified To Do Business in Florids To |
| Sulle, Apt. #, etc. A. Date Incorporated or Qualified To Do Business In Florida 5 FEI Number 65-0263662 Service Applied For Not Applied To Do Business In Florida 5 FEI Number 65-0263662 Service Applied For Not Applied To Do Business In Florida To Do Business In Florida 5 FEI Number 65-0263662 Service Applied For Not Applied For a Certificate of Status DESIRED To Name and Address of Current Registered Agent Wennin, Rudolf Street Address (P.O. Box Number is Not Acceptable) 10855 NW 29 St. City Miami State City Miami FL State Zip Code 33172 B. 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 REGISTERED ROSENT MUST SIGN Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each |
| A. Date incorporated or Qualified To Do Business in Florida 5 FEI Number 65-0263662 State Miami, F1 City & State Miami, F1 Zip Dade 7. Name and Address of Current Registered Agent Wennin, Rudolf Street Address (P.O. Box Number is Not Acceptable) 10855 NW 29 St. City Miami State City Miami Registered Agent Registered Agent Registered Agent Registered Agent Registered Agent Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) |
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| P/S Wennin Rudolf - 10855 NW 29 St . Miami, Fl. 33172 |
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| 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 filling 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 theen 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 indicate on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: |

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