TOTAL P.02

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 AUG 29 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200004572422--4
-09/06/01--01046--016
***1200.00 ****255.00
200004572422--4
-09/06/01--01046--017
******8.75 ******8.75

98-01

DOCUMENT # S51434

1. Corporation Name
CAMENA INTERNATIONAL CORPORATION

2. Principal Office Address	3. Mailing Office Address
10511 North Kendall Dr.	10511 N. Kendall Dr.
Suite, Apt. #, etc.: C-205	Suite, Apt. #, etc.: C-205
City & State: Miami, FL	City & State: Miami, FL
Zip: 33176 Country: USA	Zip: 33176 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/08/91

5. FEI Number: 65-0263535 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Dearr, Craig R.
Street Address (P.O. Box Number is Not Acceptable): 9130 South Dadeland Blvd.
Suite, Apt. #, Etc.: Suite 1609
City: Miami State: FL Zip Code: 33156

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: 8/28/01
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
D	Carlos Olguin	10511 N. Kendall Dr. Suite C-205	Miami, FL 33176
S	Carmen Paredes	10511 N. Kendall Dr. Suite C-205	Miami, FL 33176

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)(i), 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: _____ CARMEN PAREDES 8/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #