

TOTAL P. 023

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S51434			
1. Corporation Name CAMENA INTERNATIONAL CORPORATION			
2. Principal Office Address 10511 North Kendall Dr.		3. Mailing Office Address 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

FILED

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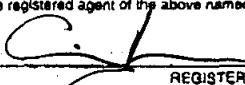
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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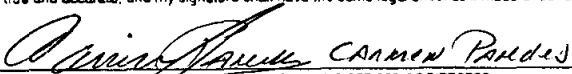
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4. Date Incorporated or Qualified To Do Business in Florida 05/08/91	
5. FEI Number 65-0263535	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required for a Certificate of Status	

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 33136	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0503 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 of 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: 	Date: 8/28/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	