


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><p>CORPORATION REINSTATEMENT</p></div><div style="margin: 0 20px;"><p style="font-size: 2em; font-weight: bold;">00-01 UBR</p></div><div style="text-align: center;"><p>FLORIDA DEPARTMENT OF STATE</p><p>Secretary of State</p><p>DIRECTOR OF CORPORATIONS</p></div></div>		<p style="font-size: 2em; font-weight: bold;">FILED</p> <p>01 AUG 15 PM 2:26</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p>500004560175--9 -08/28/01--01068--014 ****150.75 ****150.00 500004560175--9 -08/28/01--01068--013 ****158.75 ****158.75</p>																								
<p>DOCUMENT # <u>SB91046</u></p> <p>1. Corporation Name <u>INTERNATIONAL TRADING OF BRICKELL INC</u></p>		<p>4. Date Incorporated or Qualified To Do Business in Florida</p> <p>5. FEI Number <u>65-0285091</u></p> <p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																								
<p>2. Principal Office Address <u>1101 BRICKELL AVE</u> Suite, Apt. #, etc. <u>602 S</u> City & State <u>MIAMI FLORIDA</u> Zip <u>33131</u> Country <u>MIAMI-DADE</u></p>	<p>3. Mailing Office Address Suite, Apt. #, etc. <u>same</u> City & State <u>same</u> Zip <u>same</u> Country <u>same</u></p>																									
<p>7. Name and Address of Current Registered Agent</p> <p>Name <u>LUIS RAUL LOYOLA</u></p> <p>Street Address (P.O. Box Number is Not Acceptable) <u>1101 BRICKELL AVE</u></p> <p>Suite, Apt. #, Etc. <u>602 S</u></p> <p>City <u>MIAMI</u> State <u>FL</u> Zip Code <u>33131</u></p>																										
<p>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.</p> <p>Signature of Registered Agent <u>[Signature]</u> Date <u>8/13/01</u></p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																										
<p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td><u>P, D</u></td><td><u>LUIS RAUL LOYOLA</u></td><td><u>600 GRAPETREE DR APT 9 D - S</u></td><td><u>KEY BISCAYNE FL 33149</u></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	<u>P, D</u>	<u>LUIS RAUL LOYOLA</u>	<u>600 GRAPETREE DR APT 9 D - S</u>	<u>KEY BISCAYNE FL 33149</u>																
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<p>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.</p> <p>SIGNATURE: <u>[Signature]</u> Date <u>8/13/01</u> Daytime Phone # <u> </u></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>																										

CR2001 (9/00)