PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # \$86502 97 APR 10 AM 6:51 1. Corporation Name SECRETARY OF STATE TALLAHASSEE FLORIDA PINIO INTERNATIONAL INC. Principal Piace of Business Mailing Address 1000 WALLACE STREET-CORAL CABLES, Pt. 33134 REINSTATEMENT If above addresses are incorrect in any way, line through incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable Date Incorporated or Qualified
To Do Business in Florida 3920 N.W. 2nd STREET 10/10/91 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 65-0309413 City & State City & State NIAMI, FL Not Applicable 6. \$8.75 Additional Fee required Country Country ^{Zip} 33126 CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each City / State / Zip Title(s) and/or Directors Officer and/or Director (Do NOT Use Post Office Box Numbers) D BANEGAS, FERNANDO A. 3920 N.W. 2 STREET MIAMI, FL 33126 D PINTO, HUGO 3920 n.w. 2 street MIAMI, FL 33126 D/P/T/S SALDANA, IRMA A. 3920 N.W. 2 STREET MIAMI, FL 33126 000002142612--5 ****915.00 ****915.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent IRMA A. SALDANA Street Address (P.O. Box Number is Not Acceptable) 3920 N.W. 2 STREET Suite, Apt. #, Etc. MIAMI, FL 33126 State Zip Code 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent 🗲 HEGINERED AGENT MUST SIGN Date 04-05-97 11. Does this corporation pay any intangible tax to the (See other side for information Yes | X on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. 12. Legify 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 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.

IRMA A. SALDANA,

NAME OF SIGNING OFFICER OR DIRECTOR