

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 AUG 12 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V06101**

1. Corporation Name

PONENTINO INTERNATIONAL INC.

2. Principal Office Address

144 East Hampton Way

Suite, Apt. #, etc.

City & State

Jupiter

Zip

33458

Country

Palm Beach

3. Mailing Office Address

7760 France Avenue South

Suite, Apt. #, etc.

11th Floor

City & State

Minneapolis

Zip

55435

Country

Kent

REINSTATEMENT

93-02

4. Date Incorporated or Qualified To Do Business in Florida

01/10/1992

5. FEI Number

65-0301329

X 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

Oscar Arizmendi

Street Address (P.O. Box Number is Not Acceptable)

200 North Denning Road

Suite, Apt. #, Etc.

suite# 10

City

Winter Park

State

FL

Zip Code

32789

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***2100.00 ***2100.00

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

Oscar Arizmendi
REGISTERED AGENT MUST SIGN

Date August 6th, 2002

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
PD	Arizmendi, Oscar	7760 France Avenue South, 11th floor	Minneapolis, MN 55435
VP	Zapiza, Pablo	7760 France Avenue South, 11th floor	Minneapolis, MN 55435
TD	Heinz, Wolfgang	7760 France Avenue South, 11th floor	Minneapolis, MN 55435
DR	ALucina, Giorgio	7760 France Avenue South, 11th floor	Minneapolis, MN 55435

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/2002
Date

(407)6502880
Daytime Phone #

CR2E081 (9/01)

13