PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 99 REINSTATEMENT

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

FILED
99 NOV 19 PM 2:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V07086

1. Corporation Name

PODER, INC.

Principal Place of Business	Mailing Address
8884 SW 129TH TERRACE MIAMI FL 33176	8884 SW 129TH TERRACE MIAMI FL 33176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. ~~7601 E. TREASURE DR~~		Suite, Apt. #, etc. 7601 E. TREASURE DR #1023	
City & State		City & State NORTH BAY VILLAGE, FL	
Zip	Country	Zip 33141	Country USA

4. Date Incorporated or Qualified To Do Business In Florida 01/16/1992 SP

5. FEI Number 65-0311451 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSD	MARINI, OTTORINO	1581 BRICKELL AVE., #703	MIAMI FL 33129
VP	MARINI, LINO	1581 BRICKELL AVE., #703	MIAMI FL 33129

200003058972--3
-12/02/99--01059--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MARINI, LINO 8884 SW 129TH TERRACE MIAMI FL 33176	Name Street Address (P.O. Box Number is Not Acceptable) 7601 E. TREASURE DR Suite, Apt. #, Etc. #1023 #1023 City NORTH BAY VILLAGE State FL Zip Code 33141

CR2E040 (8/98)

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 SIGNATURE REQUIRED Date 08/10/99

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED 08/10/99 305-8650727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #