PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 31 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V32288

1. Corporation Name

Jacques Benedict USA, INC.

Principal Place of Business	Mailing Address
~~601 Brickell Key Drive~~ ~~Suite 511~~ ~~Miami, FL 33131~~	~~501 Brickell Key Drive~~ ~~Suite 106~~ ~~Miami, FL 33131~~

REINSTATEMENT

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
c/o Jorden Burt, et al.	c/o Jorden Burt, et al.
Suite, Apt. #, etc. 777 Brickell Ave. #500	Suite, Apt. #, etc. 777 Brickell Ave. #500
City & State Miami, FL	City & State Miami, FL
Zip / Country 33131-2803 / Dade	Zip / Country 33131-2803 / Dade

4. Date Incorporated or Qualified To Do Business in Florida: 04/27/92

5. FEI Number: 65-0337708 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/V/S	Jacques Fontaine	1022 Quai Carnot	St. Cloud, France
Asst. Sec.	Frank G. Burt	777 Brickell Avenue Suite 500	Miami, FL 33131
			800002391208--4 -01/06/98--01070--012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Carlos Martinez Christensen 501 Brickell Key Drive Suite 505 Miami, FL 33131	Name: Frank G. Burt, Esq. Street Address (P.O. Box Number is Not Acceptable): c/o Jorden Burt Berenson & Johnson LLP Suite, Apt. #, Etc.: 777 Brickell Avenue, Suite 500 City: Miami State: FL Zip Code: 33131-2803

CR2E040 (12/96)

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 _____ Date 12/30/97
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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: _____ 12/30/97 305/371-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #