PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR -1 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03

DOCUMENT # P96000036105

1. Corporation Name

Verdeja Marketing Group Inc.

2. Principal Office Address	**3.** Mailing Office Address
999 Ponce de Leon Blvd.	999 Ponce de Leon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1045	Suite 1045
City & State	City & State
Coral Gables, FL	Coral Gables, FL
Zip / Country	Zip / Country
33134 / USA	33134 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/25/1996

5. FEI Number: 65-0683379 ☐ 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: F. N. Verdeja

Street Address (P.O. Box Number is Not Acceptable): 9521 SW 103 Street

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33176

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: _____ Date: 3/20/2003

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
D	F. N. Verdeja	9521 SW 103 Street	Miami, FL 33176

700150265 07
04/01/03--01044--010 **300.00

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: _____ 3/20/2003 305-595-1459

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

jf 4/2