PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY 31 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S22747

1. Corporation Name

CONDAL IMPORTS INC.

500076202925
06/14/06--01040--007 **1050.00

REINSTATEMENT 04-06

CR2E081 (12/06)

2. Principal Office Address	**3.** Mailing Office Address
531 DUPONT STREET	531 DUPONT STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BRONX, NY	City & State: BRONX, NY
Zip: 10474 Country: USA	Zip: 10474 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/04/1991

5. FEI Number: 13-2820122 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $3.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: PEREZ, DAVID

Street Address (P.O. Box Number is Not Acceptable): 400 KINGS POINT DRIVE

Suite, Apt. #, Etc.: APT 211

City: SUNNY ISLES BEACH State: FL Zip Code: 33160

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: David Perez Date: 5-26-06

REGISTERED AGENT MUST SIGN

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
PRESIDENT	FERNANDEZ, CARMEN	531 DUPONT STREET	BRONX, NY 10474
SEC. & TREASURER	FERNANDEZ, NESTOR	531 DUPONT STREET	BRONX, NY 10474

$61.25

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 contained in Chapter 119, 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: NESTOR FERNANDEZ 05/04/06 (718)589-1800

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