

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 MAR 31 PM 2:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 560980

1. Corporation Name

Sicame Incorporated

2. Principal Office Address

1925 Brickell Ave.

Suite, Apt. #, etc.

D206

City & State

Miami FL

Zip

33129

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Same

4. Date Incorporated or Qualified  
To Do Business in Florida

3-1-78

5. FEI Number

59-1805446

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

Roger Besu

Street Address P.O. Box Number is Not Acceptable

1925 BRICKELL AVE

Suite, Apt. #, Etc.

# D206

City

Miami

State

FL

Zip Code

33129

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 55 or 5, F.S.

Signature of  
Registered Agent

Date

3/27/03

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director Florida nonprofit corporations must list at least directors

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	MARTINS, ANTONIO	No. 5-103 - LUMIA 1700	LISBOA, PORTUGAL
S	MARTINS, ESMERALDA	Same	Same

10. I hereby certify that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE:

ANTONIO MARTINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3-6-03

Daytime Phone #

305-854-6363