

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005879

1. Corporation Name

International Falls, Inc.

2. Principal Office Address - No P.O. Box #

50 ST PLAZA BANCOMER BLDG

Suite, Apt. #, etc.

Floor #19

City & State

Panama City

Zip

Country

Panama

3. Mailing Office Address

1137 HURLINGTON

Suite, Apt. #, etc.

1686

City & State

Buenos Aires

Zip

Country

Argentina

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/2001

5. FEI Number

☐ 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

Meland Russin & Budwick, P.A.

Street Address (P.O. Box Number is Not Acceptable)

200 South Biscayne Boulevard

Suite, Apt. #, Etc.

Suite 3000

City

Miami

State

FL

Zip Code

33131

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

8/27/08

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
DP	Nicolas Pisarenko	Viamonte 1328 5th Floor Office #20	Buenos Aires, AR 1053
DS	Zadie Llaurado	50 St Plaza Bancomer Bldg, Floor 19	Panama City, Panama
DT	Maria Patricia Diaz	50 St Plaza Bancomer Bldg, Floor 19	Panama City, Panama

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/27/08

FILED

08 AUG 28 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT

CR2E081 (12/07)

8/28/08