

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F97000004710**

1. Corporation Name

**VIAJES EL CORTE INGLES, INC.**

Principal Place of Business

2601 S. BAYSHORE DR. TERREMARK BLDG #100  
COCONUT GROVE FL 33133

Mailing Address

2601 S. BAYSHORE DR. TERREMARK BLDG #100  
COCONUT GROVE FL 33133

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**FILED**

99 NOV -4 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1997

5. FEI Number

13-3416033

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	4 City / State / Zip
PDC	ALVAREZ, ISIDORO A	DR ZAMENHOFF NO 22	MADRID SPAIN 28027
SD	DE MINGO CONTRERAS, JUAN M	DR ZAMENHOFF NO 22	MADRID SPAIN 28027
T	MARTINEZ, CAROLS	DR ZAMENHOFF NO 22	MADRID SPAIN 28027
DV	MUNARRIZ, FLORENCIO L	DR ZAMENHOFF NO 22	MADRID SPAIN 28027
V	CASTELLO, JORGE	500 5TH AVE.	NEW YORK NY

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

200003038772--2

-11/08/99--01127--012

\*\*\*750.00 \*\*\*750.00

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of  
Registered Agent

*Deborah D. Skipper*

REGISTERED AGENT MUST SIGN

Deborah D. Skipper  
as its agent

Date 11-4-99

11. 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/99  
Date

(212) 944 9400  
Daytime Phone #