

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV 20 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004710

1. Corporation Name

VIAJES EL CORTE INGLES, INC.

Principal Place of Business

Mailing Address

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

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

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

13-3416033

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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
<p>400003478714--9 -11/28/00--01088--005 ****750.00 ****750.00</p>			

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 (Post Office Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

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 607.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper

Deborah D. Skipper
as its agent

Date 11-20-00

REGISTERED AGENT MUST SIGN

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:

Jorge Castello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/2000

Date

212 944-9400

Daytime Phone #

CR2E040 (8/00)