

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 26 PM 4:06

DOCUMENT # **N18733**

1. Corporation Name

ARGENTINE-FLORIDA CHAMBER OF COMMERCE, INC.

Principal Place of Business

Mailing Address

C/O WLMC REGISTERED AGENTS, INC.
 701 BRICKELL AVE. SUITE 2000
 MIAMI FL 33131
 US

C/O WLMC REGISTERED AGENTS, INC.
 701 BRICKELL AVE., SUITE 2000
 MIAMI FL 33131
 US

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

01/13/1987

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0106011

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 2001

05/23/01 90463 008 \$ 61.25

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
P	EDGARDO, DEFORTUNA	2666 BRICKELL AVE	MIAMI FL
VP	JUNCADELLA, SALVADOR	2666 BRICKELL AVENUE	MIAMI FL
VP	EDGARDO, LERTORA	2666 BRICKELL AVE	MIAMI FL
D	AGATIELLO, OSUALDO	2666 BRICKELL AVE.	MIAMI FL
D	PEREZ, JOSE N	2666 BRICKELL AVE.	MIAMI FL
D	LUCIO, SATURNINO	2666 BRICKELL AVE.	MIAMI FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WLMC REGISTERED AGENTS INC.
 701 BRICKELL AVENUE
 SUITE 2000
 MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

000004765290-4

01/10/02-01070-005

****175.00 State ****175.00

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

Saturnino Lucio
 REGISTERED AGENT MUST SIGN

Date

10.24.01

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:

Saturnino Lucio
 Edgardo Defortuna
 President

10.24.01

Date

305.858.1516

Daytime Phone #

CR2E040 (8/01)