

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18733

1. Corporation Name

Argentine-Florida Chamber of Commerce, Inc.

2. Principal Office Address

1441 Brickell Avenue

Suite, Apt. #, etc.

Suite 1008

City & State

Miami, Florida

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
06 FEB -3 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 077-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida 1/13/87

5. FEI Number
65-0106011

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

Daniel Korn

400065586504

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

1441 Brickell Avenue

02/10/05 01072 025 **481 25

Suite, Apt. #, Etc.

Suite 1008

City

Miami

State
FL

Zip Code

33131

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

Daniel Korn
REGISTERED AGENT MUST SIGN

Date 1/24/06

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
P	Edgardo Defortuna	2666 Brickell Avenue	Miami, FL
VP	Salvador Juncadella	2666 Brickell Avenue	Miami, FL
S	Daniel Korn	1441 Brickell Avenue	Miami, FL
T	Alfredo Nardi	150 S.E. 25 Road - 5L	Miami, FL
D	Patrick L. Murray	201 S. Biscayne Blvd., Ste. 1500	Miami, FL

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] Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2006
Date

Daytime Phone #