

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL 10 AM 11:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94-31408

1. Corporation Name

**TUSPECA U.S.A., INC.
SUITE 1015
999 PONCE DE LEON BLVD. CORAL GABLES, FL. 33134**

Principal Place of Business

Mailing Address

**999 Ponce DE LEON Blvd. Suite 1015
Coral Gables, Fl. 33134**

REINSTATEMENT

96-97
cc

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ 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

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JUAN RODRIGUEZ	999 Ponce de Leon Blvd Suite 1015	Coral Gables, Fl. 33134
D	MARTA E. QUITERO	999 Ponce de Leon Blvd.	Coral Gables, Fl. 33134
			900002234889--1
			07/10/97-01050-001
			****923.75 ****923.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**JUAN V. URDANETA
999 Ponce de Leon Blvd. Suite 1015
Coral Gables, Fl. 33134**

Name

Street Address (P.O. 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

Juan V. Urdaneta
REGISTERED AGENT MUST SIGN

Date **07/10/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

07/10/97

Date

305-444-6669

Daytime Phone

CR2E040 (12/96)