


# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
06 MAY -2 PM 3: 54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N03000010737</b> 1. Entity Name THE PROVINCE OF CATAMARCA PROMOTION AGENCY, CORP.	
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Principal Place of Business 16300 NE 19 AVENUE, SUITE C ATTN: SEBASTIAN RUBISTEIN NAVARRO NORTH MIAMI BEACH, FL 33162	Mailing Address 16300 NE 19 AVENUE, SUITE C ATTN: SEBASTIAN RUBISTEIN NAVARRO NORTH MIAMI BEACH, FL 33162
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04192006 REIN-NP CR2E099 1/05 05-06  
 Applied For  
 Not Applicable

**6. Name and Address of Current Registered Agent**

RUBISTEIN NAVARRO, SEBASTIAN  
 16300 NE 19 AVENUE  
 SUITE C  
 NORTH MIAMI BEACH, FL 33162

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Sebastian Rubinstein* Sebastian RUBINSTEIN 04-27-06  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$297.50</b>		<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUBISTEIN NAVARRO, SEBASTIAN 204 W 14TH STREET 1A NEW YORK, NY 10011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PRESAS, MIRTHA BARRIO CALERA DEL SAUCE CASA 12 CATAMARCA ARGENTINA 4700, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KRISKAUZTKY, NESTOR LUIS DIAZ (NORTE) 67 CATAMARCA ARGENTINA 4700, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sebastian Rubinstein* Sebastian RUBINSTEIN 04-27-06  
Signature and typed or printed name of signing officer or director Date Daytime Phone #