

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 290647

1. Corporation Name MOTRICO, INC.

FILED

98 JAN -2 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
5415 Collins Ave.
Suite 306
Miami Beach, Fl. 33140

Mailing Address
1492 S. MIAMI AVE.
SUITE 203
MIAMI FL 33130



REINSTATEMENT

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

3/9/65

5415 Collins Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 306

City & State

City & State

Miami Beach, Fl.

Zip

Country

Zip

Country

5. FEI Number 59-1100549

Applied For

Not Applicable

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DP	SAIZARBITORIA, JUAN	5415 Collins Ave. Suite 306	Miami Beach, Fl. 33140
DS	SAIZARBITORIA, INAKI	1492 S. Miami Ave. Suite 203	Miami, Fl. 33130
			300002392303--7
			01/07/98--01043--003
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAIZARBITORIA, INAKI
1492 S. MIAMI AVE.
SUITE 203
MIAMI FL 33130

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Inaki Saizarbitoria

REGISTERED AGENT MUST SIGN

Date

12/31/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

Inaki Saizarbitoria

Inaki Saizarbitoria

/Secretary

12/31/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #