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 APR -7 AM 8:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 599761

1. Corporation Name

CARTOL INTERNATIONAL CORP.

REINSTATEMENT 4.97

Principal Place of Business	Mailing Address
3000 Miami Center 201 S. Biscayne Blvd. Miami, FL 33131	3000 Miami Center 201 S. Biscayne Blvd. Miami, FL 33131

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
1333 S. Miami Ave.	1333 S. Miami Ave.
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100
City & State Miami, FL	City & State Miami, FL
Zip 33130 Country U.S.A.	Zip 33130 Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida: 02/08/79

5. FEI Number: 59-1970518 ☐ 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	SALGUERO, Stephen E.	Antonio Maura # 9	Madrid, Spain
D	SALGUERO, Carlos E.	El Guecho # 22	Madrid, Spain
VS	SANCHEZ, Raul J.	1333 S. Miami Ave. #100	Miami, FL 33130

800002136088--0
04/08/97--01040--013
***125.00 ***1245.00

8. Name and Address of Current Registered Agent

Raul Javier SANCHEZ
3000 Miami Center
201 S. Biscayne Blvd.
Miami, FL 33131

9. Name and Address of New Registered Agent

Name: Raul J. SANCHEZ DE VARONA
Street Address (P.O. Box Number is Not Acceptable): 1333 S. Miami Ave.
Suite, Apt. #, Etc.: Suite 100
City: Miami State: FL Zip Code: 33130

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: _____ Date: 4/1/97
REGISTERED AGENT MUST SIGN

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: _____ 4/1/97 3053770175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (12/96)