

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 NOV 26 PM 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** 616185

**1. Corporation Name**

NORTH AMERICAN SALES, CORP.

**2. Principal Office Address**

1800 SUNSET HARBOUR DR.

Suite, Apt. #, etc.

1801

City & State MIAMI BEACH  
FLORIDA

Zip

33139

Country

USA

**3. Mailing Office Address**

"SAME"

Suite, Apt. #, etc.

City & State

**REINSTATEMENT**

99-01

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/03/1979

**5. FEI Number**

591937376

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

ROBERT MACEDA

#305 594 4806

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

1800 SUNSET HARBOUR DR.

Suite, Apt. #, Etc.

SUITE 1801

City

MIAMI BEACH

State  
FL

Zip Code

33139

**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

*[Signature]*

Date

REGISTERED AGENT MUST SIGN

**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
PRES.	ROBERT MACEDA	1800 SUNSET HARBOUR DR. SUITE 1801	MIAMI BEACH, FL.
			000004724540--2
			-12/13/01--01041--018
			***1050.00 ***1050.00
			000004724540--2
			-12/13/01--01041--019
			*****8.75 *****8.75

**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 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

Date

11/5/01

Daytime Phone #