PI FASE	E READ A	LL INST	RUCTION	S BEFORE C	OMPI FTI	ING THIS FO	ORM	
APPLICATION FOR		FLORID		ENT OF STATE ortham		•		
REINSTATEMENT		D	IVISION OF CORF				ED	
DOCUMENT # (530	34	•		}	98 OCT 19		
ORO-	PENDOLA,	INC.			T	SECRETARY ALLAHASSE	OF STATE E, FLORIDA	
Principal Place of Business Miami, Florida	-	Mailing Addr	ess					
				RE	INSTA	TENEN	7	7-98
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. Data Income	orated or Qualified		_ao
151 Crandon Blvd. #104 Suite, Apt. #, etc.		151 Crandon Blvd. #104 Suite, Apt. #, etc.			To Do Business in Florida January 23, 1980			
Apt. 104 City & State		Apt. City & State		·	5. FEI Number Applied For 59–2069643 Not Applicable			
Key Biscayne, F1. 33149 Zip Country USA		Zip	scayne, F	ntry	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Names and Street Addresses of Ear		331 Director (Flo		USA prations must list at lea	<u> </u>	F	101 & 021 (11	icale of Status
Title(s) Name of Officers and/or Directors 1			Street Address of Each Officer and/or Director City / State / Zip (Do NOT Use Post Office Box Numbers) 4					
P SEQUEIRA, F	115 Altos Santo Domingo Managua, Nicaragua					L		
S SEQUEIRA, MARIA MARGARITA 115 Altos Santo D					ingo	Managua,	Nicaragua	L
D MARIN, JOSE	Ave Cer	ntal 33-11	San Jose, Costa Rica					
					51		159421 3801073 3.00-***	010
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name CERAL DEVICE NO DAY DE								(86
Jose N. Marin Street Address (P.					LDINE M. MORALES O. Box Number is Not Acceptable) CRANDON BLVD.			
					104 State Zip Code			
10. I, being appointed the registered ag	ent of the above	named corpo	ration, am familiar		BISCAYNE, oligations of Section	on 607.0505, F.S.	FL 33	149
Signature of Registered Agent	REG	ISTÉRED ÀG	ENT MUST SIGN	brale	_	Date <u>10/16</u>	/98	
11. This corporation ow Intangible Personal	es or has Property	paid the	e current ye June 30.	ear Yes 🗖	No 🗆		ther side for inform on intangible tax.)	
12. I certify that I am an office or directs this reinstatement application, he re owed by the corporation have been on this application is true and accura	ason for dissolut paid and the nar	lon has been nes of individ:	eliminated, the con Jals listed on this fo	oorate name satisfies t orm do not qualify for a	the requirements o an exemption unde	of section 607.0401 or	r 617.0401, F.S., t	that all fees
2.2.	TYPED OR PRINT		GNING OFFICER OF	тынестоя	 	10/14/9 Date	B Daytime Phone	e #
FERNAND	O SEQUEII	RA, PRES	SIDENT					