

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 SEP -5 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

675361

MERCEDES REAL ESTATE HOLDINGS, INC.

200007633652--6
-09/10/02--01042--021
***1050.00 ***1050.00

2. Principal Office Address

600 Grape Tree Drive

3. Mailing Office Address

600 Grape Tree Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10F

City & State

Key Biscayne, Florida

10F

City & State

Key Biscayne, Florida

Zip

33149

Country

USA

Zip

33149

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

July 16, 1998

5. FEI Number
65-0872959

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 F. Hudson, Jr.

Street Address (P.O. Box Number is Not Acceptable)
1200 Brickell Avenue

Suite, Apt. #, Etc.
19th Floor

City

Miami

State

FL

Zip Code

33131

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

R. F. Hudson, Jr.
REGISTERED AGENT MUST SIGN

Date

29/7/02

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
PD	Mercedes Benacerraf de Nogueroles	Edificio Centro Impresarial, Av. Universidad Piso 17	Caracas, Venezuela
S	Jorge Nogueroles	Edificio Centro Impresarial, Av. Universidad Piso 17	Caracas, Venezuela

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/02
Date

305-960-2200
Daytime Phone #

CR2E081 (9/01)

7/15/02