

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED FORM AND FILED

96 NOV 13 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **840136**

1. Corporation Name

**INVERSIONI MONTELLO, N.V., CO.**

Principal Place of Business

ONE BISCAYNE TOWER #3400  
MIAMI FL 33131

Mailing Address

147 ALHAMBRA  
STE. 200  
CORAL GABLES FL 33134  
US



REINSTATEMENT *ab co*

-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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/02/1978	
City & State		City & State		5. FEI Number	
Zip		Country		99-0039138	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	GALLINA, DINO.	EDIFICIO SUDAMERS	CARACAS, VENEZUELA

300002007333--1  
-11/19/96--01008--018  
\*\*\*375.00 \*\*\*375.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
VALENTINI, BARBARA 177 OCEAN LANE DR. KEY BISCAYNE FL 33145		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	
		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: *[Signature]* **SIGNATURE REQUIRED** Date: *Nov. 5, 1996*

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)(j), 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 REQUIRED** *10-8-96*

SIGNATURE AND TITLE OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR