

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name 853188

GWENDOLIN FINANCE, S.A. CORPORATION

Principal Place of Business

Mailing Address

c/o CASTRO & RAMIREZ, P.A.  
1200 Brickell Avenue, Suite 1440  
Miami, Florida 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

87-99

4. Date Incorporated or Qualified  
To Do Business in Florida

June 14, 1982

5. FEI Number

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)

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
P-D	PEREZ PLANCHART, TULIO	1200 Brickell Ave. #1440	Miami, Florida 33131
V-D	SERRANO DE PEREZ, ANTONIETA	" " "	" "
S-D	CASTRO, CARLOS ALBERTO	" " "	" "

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-02/17/99-01057-024  
\*\*\*2106.25 \*\*\*2106.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARLOS ALBERTO CASTRO  
CASTRO & RAMIREZ, P.A.  
1200 BRICKELL AVENUE, SUITE 1440  
MIAMI, FLORIDA 33131

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

REGISTERED AGENT MUST SIGN

Date February 9, 1999

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Carlos Alberto Castro

February 9/99  
Date

(305) 372-2800  
Daytime Phone #

CR2E081 (12/98)