

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # 855088

1. Corporation Name

FAG INTERAMERICANA A.G., INC.

Principal Place of Business

8175 N.W. 12 ST.  
SUITE #110  
MIAMI FL 33126-1828

Mailing Address

8175 N.W. 12 ST.  
SUITE #110  
MIAMI FL 33126-1828

If above addresses are incorrect in any way, line through incorrect information and enter correction below:

2. New Principal Office Address, If Applicable

8880 N.W. 20TH ST

Suite, Apt. #, etc.

Suite A

City & State

MIAMI FL

Zip 33172

Country USA

3. New Mailing Office Address, If Applicable

8880 N.W. 20TH ST

Suite, Apt. #, etc.

Suite A

City & State

MIAMI FL

Zip 33172

Country USA



REINSTATEMENT 1997-1999

4. Date Incorporated or Qualified To Do Business in Florida

12/23/1982

5. FEI Number

59-2247941

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$6.75 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
S	LUTRINGER, RICHARD E	2 OWENOK PARK	WESTPORT CT
<del>D</del>	<del>WADE, BILL</del>	<del>42 HIGH RIDGE AVE</del>	<del>RIDGEFIELD CT</del>
<del>PD</del>	<del>OLIVO, DIETER</del>	<del>BOSQUE DE ANTEQUERA 113 COLONIA</del>	<del>LA HERRADURA ME</del>
VPT	DITOMASO, GLNO	271 SHELTER ROCK ROAD	STAMFORD CT
D	McCloskey, John	228 RIVER DR.	Southport, NC 28461

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

3/1/99

11. This corporation owes or has paid 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

GLNO DITOMASO VPT

3/1/99

Date

Daytime Phone

CR20040 (8/97)