

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

CORPORATION REINSTATEMENT

FAG INTERAMERICANA A.G., INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,200.00

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Corporate Filing Menu

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 855088

1. Corporation Name

FAG Interamericana A.G. Inc.

2. Principal Office Address - No P.O. Box #

2656 Le Jeune Road

3. Mailing Office Address

2656 Le Jeune Road

Suite, Apt. #, etc.

3rd floor, Office 319

Suite, Apt. #, etc.

3rd floor, Office 319

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip

33134

Country

USA

Zip

33134

Country

USA

7. Name and Address of Current Registered Agent

Name

CT Corporation

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

1200 Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed registered agent of the above named corporation, do hereby certify and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Chris McNeal

Date

7/24/09

9. Name and Street Address of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Type	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P, D	Bruce Wambold	10337 Balmoral Circle	Charlotte, NC 28210
D	Claus Bauer	6932 Elmstone Drive	Charlotte, NC 28277
S, D	Steve Crow	1035 Oriole Avenue	Charlotte, NC 28203
T, D	Timothy U. Zygmunt	9100 Laurel Ridge Trail	Charlotte, NC 28269

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 contained in Chapter 119, 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:

Timothy U. Zygmunt

Timothy U. Zygmunt

7/23/09

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT 06-09

CR2ED01 (12/08)

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 ☐

SEE INSTRUCTIONS FOR INFORMATION

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

7/24/09