PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

99 APR 13 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856565

1. Corporation Name

VANDERHANDS CORPORATION

Principal Place of Business	Mailing Address
Calle Sorcaima Qta. Landa, El Rosal Caracas 1010A OC	c/o Ana M. de Alba 100 S.E. 2nd St., 31st Floor Miami, FL 33131

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

REINSTATEMENT 02-09

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip | Country

3. New Mailing Office Address, If Applicable

c/o Karp & Genauer, P.A.
Suite, Apt. #, etc.
2 Alhambra Plaza #1202
City & State
Coral Gables, FL
Zip: 33134 | Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 5/26/1983

5. FEI Number: 98-0063203 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ XX — $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Costillero, Cedilio A.	Bank of America Bldg.	Panama, R.P.
S	Galindo, Gabriel A.	Bank of America Bldg.	Panama, R.P.
T	Durling, Roy Carlos	Bank of America Bldg.	Panama, R.P.
V	Kaufman, Ephraim	Calle Sorocaima	Caracas, Venezuela

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8. Name and Address of Current Registered Agent

Alhambra Registered Agents, Inc.
2 Alhambra Plaza, Suite 1202
Coral Gables, FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E061 (12/98)

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: ALHAMBRA REGISTERED AGENTS, INC.
By: Joel J. Karp, President
SIGNATURE REQUIRED WHEN CHANGING AGENT

Date: 4/12/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ xx

(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
EPHRAIM KAUFMAN, V.P.

4/8/99 Date

(305) 445-3545 Daytime Phone #