

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 18 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004093

1. Corporation Name

DESPEGAR.COM USA, INC.

2. Principal Office Address

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite M102

City & State

Miami, FL

Zip

33133

Country

USA

3. Mailing Office Address

2665 S. Bayshore Dr.

Suite, Apt. #, etc.

Suite M102

City & State

Miami, FL

Zip

33133

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1011884

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION COMPANY OF MIAMI

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

201 S. Biscayne Blvd.

Suite, Apt. #, Etc.

Suite 1500 (WGM)

City

Miami

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Felicia Hickey,
Asst. Secy.

Date 10-10-02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,S	Federico Fuchs	2665 S. Bayshore Dr. Suite M102	Miami, FL 33133
V,D	Roberto Souviron	2665 S. Bayshore Dr. Suite M102	Miami, FL 33133

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 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:

FEDERICO FUCHS

10-10-02

305-856-4409

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #