

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F00000005378

1. Corporation Name

UNODOSTRES.COM, INC.

Principal Place of Business

800 BRICKELL AVE., SUITE 902
MIAMI FL 33131

Mailing Address

800 BRICKELL AVE., SUITE 902
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

781 Crandon Blvd, Ocean Club Same

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Tower 3, Apt #1102

City & State
Key Biscayne, FL 33149

Zip 33149 Country USA

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/07/2000

5. FEI Number

65-0875106

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	4 City / State / Zip
CEO	BARBA, CARLOS	800 BRICKELL AVE., SUITE 902	MIAMI FL 33131
VCFO	MIQUELI, RAMIRO	800 BRICKELL AVE., SUITE 902	MIAMI FL 33131
SD	WALTERS, RUSS JR.	800 BRICKELL AVE., SUITE 902	MIAMI FL 33131
D	GUTIERREZ, RAFAEL	800 BRICKELL AVE., SUITE 902	MIAMI FL 33131

REINSTATEMENT 01-02

8. Name and Address of Current Registered Agent

CORPDIRECT AGENTS
103 NORTH MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name Carlos Barba

Street Address (R.O. Box Number is Not Acceptable)
781 Crandon Blvd, Ocean Club

Suite, Apt. #, Etc.
Tower 3, Apt #1102

City Key Biscayne State FL Zip Code 33149

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

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-02/12/02--01071--003

***300.00 ***300.00

Date

1-11-02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-11-02

Daytime Phone #

CR2E040 (8/01)