

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FORM
REINSTATEMENT**



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

DOCUMENT # F61849

1. Corporation Name
PUMA INTERNATIONAL, INC.

Principal Place of Business Mailing Address

~~610 ROLANDO VICENS, C.P.A.~~
~~7925 NW 12 ST, STE 201~~
~~MIAMI, FL 33126~~

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

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

999 Brickell Key Drive same as No. 2

Suite, Apt. #, etc. Suite, Apt. #, etc.

Tower One, Suite 602

City & State City & State

Miami, FL 33131

Zip Country Zip Country

33131 USA

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	JOSE LUIS RODRIGUEZ	CALLE CUMANA 999 Brickell Key Drive Tower One, Suite 602	CARACAS, VENEZUELA MIAMI, FL 33131
PD	HECTOR MASELLI	AVENIDA CIRCUNVALACION 999 Brickell Key Drive Tower One, Suite 602	CARACAS, VENEZUELA MIAMI, FL 33131
ST	WILLIAM C. DAVIS, III	5190 NW 167th STREET 2655 Le Jeune Road Penthouse 2	MIAMI, FL CORAL GABLES, FL 33134

8. Name and Address of Current Registered Agent

ROLANDO VICENS, C.P.A.
7925 NW 12th ST., STE-201
MIAMI, FL 33126

9. Name and Address of New Registered Agent

Name **WILLIAM C. DAVIS, III, Esq.**

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

2655 Le Jeune Road

Suite, Apt. #, Etc.

Penthouse 2

City

CORAL GABLES

State

FL

Zip Code

33134

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]

REGISTERED AGENT MUST SIGN

Date **March 6, 1997**

1. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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]

William C. Davis, III, Secretary

(305) 448-3290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **March 6, 1997**

Daytime Phone #

**APPROVED
AND
FILED**

1997 MAR -7 PM 3:56

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

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-03/11/97-01136--003

*****1890.00 ***1890.00**

REINSTATEMENT

[Handwritten: 0797, 3/7/97]

CR2E040 (12/96)