

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
01 NOV 16
Katherine
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 16 PM 4:00

DOCUMENT # F61849

1. Corporation Name

PUMA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

999 BRICKELL KEY DRIVE
TOWER ONE, SUITE 602
MIAMI FL 33131

999 BRICKELL KEY DRIVE
TOWER ONE, SUITE 602
MIAMI FL 33131



REINSTATEMENT *01*

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

2. New Principal Office Address, If Applicable

999 Brickell Bay Drive

Suite, Apt. #, etc.

Tower I, Suite 602

City & State
Miami FL

Zip

33131

Country
USA

3. New Mailing Office Address, If Applicable

999 Brickell Bay Drive

Suite, Apt. #, etc.

Tower I, Suite 602

City & State
Miami FL

Zip

33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/22/1982

5. FEI Number

59-2271307

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	RODRIGUEZ, JOSE LUIS	999 BRICKELL KEY DRIVE, TOWER 1 <i>999 Brickell Bay Drive</i>	MIAMI FL 33131
PD	MASELLI, HECTOR	999 BRICKELL KEY DRIVE, TOWER 1 <i>999 Brickell Bay Drive</i>	MIAMI FL 33131
ST	DAVIS, WILLIAM C III	2655 LE JEUNE ROAD, PH 2	CORAL GABLES FL 33134
			000004711310--5 -12/06/01--01034--025 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

DAVIS, WILLIAM C III, ES
2655 LE JEUNE ROAD
PENTHOUSE 2
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

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

REGISTERED AGENT MUST SIGN

Date

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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

11/13/01

(305) 374 7137

CR2E04C (8/01)