

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # F94000005184

1. Corporation Name
Desarollos Amiral Sociedad Anonima
P.O. Box 25292
Miami, Florida 33102-5292

Principal Place of Business Mailing Address
P.O. Box 25292
Miami, Florida 33102-5292

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida
October 5, 1994

5. FEI Number

Applied For

98-0151253

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/D	Amir A. Mohammad	82 Sherbourne Court 180-186 Cromwell Rd.	London SW5 0SH England
VP/D	Gerardo Jaspers Salas	Hotel Corobici Suite 802	San Jose, Costa Rica
S	Ana L. Gutierrez	Edificio Aida, 3rd Piso Calle 4, Avenia 1ra	San Jose,
A.S.	Tracey Skinner Brown	4675 Ponce de Leon Blvd. Suite 305	Coral Gables, Florida 33146

8. Name and Address of Current Registered Agent

Tracey Skinner Brown
4675 Ponce de Leon Blvd.
Suite 305
Coral Gables, Florida 33146

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

Tracey S. Brown
REGISTERED AGENT MUST SIGN

Date **8/12/99**

11. 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 with 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:

Tracey S. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/99
Date

305-666-5222
Daytime Phone #

FILED

53/10/16 PM 3:36

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 97-99

CR2E040 (12/96)