

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 NOV 21 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000219

1. Corporation Name

SOUTH CAPITAL COMPANY, INC.

Principal Place of Business

Mailing Address

1229 BROADWAY
HEWLETT NY 11557
US

1229 BROADWAY
HEWLETT NY 11557
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

01/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-3034275

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PD	BUTLER, GABRIEL	AVE. L.N. ALEM 822-6' PISO	1001 BUENO AIRES, ARGENTINA
V	BADARACO, CARLOS	110 MERRICK WAY SUITE 3A 13680 WELLINGTON TRACE	CORAL GABLES FL WELLINGTON, FL 33414
STD	RAMOS, JUAN PERALTA	AVE L.N. ALEM 822-6 PISO	1001 BUENOS AIRES AR
			600003478706--3 -11/28/00--01088--002 *****750.00 *****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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

Deborah D. Skipper

Deborah D. Skipper

Date 11-20-00

REGISTERED AGENT MUST SIGN

as its agent

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #