

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 31 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # F9500000219

1. Corporation Name

South Capital Company, Inc.

800005765938--7

-06/13/02--01071--015

\*\*\*\*908.75 \*\*\*\*908.75

REINSTATEMENT 01-02

2. Principal Office Address

1229 Broadway

Suite, Apt. #, etc.

City & State

Hewlett, NY

Zip

11557

Country

US

3. Mailing Office Address

14973 River's Edge Ct.

Suite, Apt. #, etc.

Apt 109

City & State

Fort Myers, FL

Zip

33908

Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

01/12/95

5. FEI Number

113034275

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Carlos Cavallini

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

14973 River's Edge Ct.

Suite, Apt. #, Etc.

Apt 109

City

Fort Myers

State

FL

Zip Code

33908

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Carlos Cavallini*

Date 5/28/02

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Gabriel Buteler	Ave LN Alcm 822 6th Floor	Buenos Aires, Argentina 1001
V	Carlos Cavallini	14973 River's Edge Ct. 109	Fort Myers, FL 33908
S	Juan Peralta Ramos	Ave LN Alcm 822 6th Floor	Buenos Aires, Argentina 1001

10. 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

5/28/02 239-433-4723

Date

Daytime Phone #

CR2E081 (9/01)