PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 APR 30 PM 1:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000000798

1. Corporation Name

Jumart Overseas Corporation

Principal Place of Business: 999 Ponce de Leon Blvd # 1015, Coral Gables Fl 33134

Mailing Address:

97-99 AD

REINSTATEMENT

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

2. New Principal Office Address, If Applicable: 888 Brickell Ave, Suite, Apt. #, etc: Fifth Floor, City & State: Miami, Fl., Zip: 33131, Country: USA

3. New Mailing Office Address, If Applicable: 888 Brickell Ave, Suite, Apt. #, etc: Fifth Floor, City & State: Miami, Fl., Zip: 33131, Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/16/95

5. FEI Number: 65-0691026

6. CERTIFICATE OF STATUS DESIRED ☐ — Applied For / Not Applicable — $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
DPC	Miguel B. Paris	888 Brickell Ave., 5th Floor	Miami Fl 33131
VS	Blanca E. Baccardo	888 Brickell Ave. 5th Floor	Miami Fl. 33131
TD	Miguel B. Wannoni	888 Brickell Ave., 5th Floor	Miami Fl. 33131
D	Patricia B. Kalen	888 Brickell Ave 5th Floor	Miami Fl. 33131

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8. Name and Address of Current Registered Agent

Juan V. Urdaneta
888 Brickell Ave, 5th Floor
Miami Fl. 33131

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: [signature] REGISTERED AGENT MUST SIGN

Date: 4/29/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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] Miguel B. Paris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 — Date

305-358-0028 — Daytime Phone #