

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # F95000002502

1. Corporation Name

EXA EXECUTIVOS ASSOCIADOS LTDA., INC.

Principal Place of Business

Mailing Address

95 S FEDERAL HWY  
SUITE 202  
BOCA RATON FL 33432

95 S FEDERAL HWY  
SUITE 202  
BOCA RATON FL 33432

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

05/23/1995

5. FEI Number

65-0592434

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
PTD	STRUVE, CESAR	95 S. Federal Hwy - Suite 202 4175 NW 24TH TERRACE Boca Raton FL 33432	BOCA RATON FL 33432
VSD	EBERHAND, JUSSARA	95 S. Federal Hwy - Suite 202 4175 NW 24TH TERRACE Boca Raton FL 33432	BOCA RATON FL 33432

8. Name and Address of Current Registered Agent

BARRETTO, EDGARD P  
2827 BANYAN BLVD CIRCLE NW  
BOCA RATON FL 33431

9. Name and Address of New Registered Agent

Name

STRUVE, Cesar

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

95 S. Federal Hwy Suite 202

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33432

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct. 31/2000

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Oct. 31/2000

Daytime Phone #



REINSTATEMENT

00-01

CFR2040 (8/00)