

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000001459

1. Corporation Name

**TINTAGEL HOLDINGS, INC.**

2. Principal Office Address - No P.O. Box #  
3301 PONCE DE LEON BLVD.

3. Mailing Office Address  
3301 PONCE DE LEON BLVD.

Suite, Apt. #, etc.  
PH-SUITE

Suite, Apt. #, etc.  
PH-SUITE

City & State  
CORAL GABLES, FLORIDA

City & State  
CORAL GABLES, FLORIDA

Zip Country  
33134 US

Zip Country  
33134 US

**REINSTATEMENT** 04-07

4. Date Incorporated or Qualified  
To Do Business in Florida 3/13/1998

5. FEL Number 26-0445596  
☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
GUSTAVO A. PINES, ESQ.

Street Address (P.O. Box Number is Not Acceptable)  
3301 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.  
PH-SUITE

City  
CORAL GABLES, FLORIDA

State Zip Code  
FL 33134

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 7/2/07

**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
D/P/T	VICENTE SALDANA RODRIGUEZ	Elvira Mendez Street #10, Interseco Building, 2nd Floor	Panama, Republic of Panama
VP/SUB.S	RAMON JURADO BORRERO	Elvira Mendez Street #10, Interseco Building, 2nd Floor	Panama, Republic of Panama
D/S	CELESTINO ARAUZ	Elvira Mendez Street #10, Interseco Building, 2nd Floor	Panama, Republic of Panama
ASS.S	GUSTAVO A. PINES	3301 PONCE DE LEON BLVD., PH-SUITE	CORAL GABLES, FLORIDA 33134

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 contained in Chapter 119, 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

7/2/07

Date

(305) 446-7493

Daytime Phone #