

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN -3 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000004328

1. Corporation Name

MERCADEO CENTROAMERICANO S.A.

500005729465--9

-06/10/02--01082--020

***1050.00 ***1050.00

2. Principal Office Address

6141 SW 156TH COURT

Suite, Apt. #, etc.

City & State

Miami Flolrida

Zip

Country

33193

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

8-20-1999

5. FEI Number

52-2224170

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

Diana Benaviez Suazo

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

6141 SW 156 TH Court

Suite, Apt. #, Etc.

City

Miami Fl. 33193

State

FL

Zip Code

33193

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

Diana Benavides

Date 5-30-02

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
PCD	Samuel Benavides Sanchez	6141 SW 156TH Court	Miami Fl.33193
SD	Rosa Maria Perez Benavides	S.6141 SW 156TH Court	Miami Fl. 33193
TD	Diana Benavides Suazo P	6141 SW 156TH Court	Miami Fl 33193
	900.00 - Adm		
	61.25 - Arz		
	88.75 - ARsupp		

REINSTATEMENT

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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

5-30-02

Date

305 380 0631

Daytime Phone #