

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC -8 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006224

1. Corporation Name

UOL-E CORP.

2. Principal Office Address

800 BRICKELL AVE.

Suite, Apt. #, etc.

SUITE 1109

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

800 BRICKELL AVE.

Suite, Apt. #, etc.

SUITE 1109

City & State

MIAMI, FL

Zip

33131

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

12-2-99

SP

5. FEI Number

52-2207244

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

STEVEN P. OPPENHEIM, ESQ.

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

800 BRICKELL AVE.

Suite, Apt. #, Etc.

SUITE 1115

City

MIAMI

State

FL

Zip Code

33131

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

Steven P. Oppenheim, Esq.

REGISTERED AGENT MUST SIGN

Date 12/7/00

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/C/D	CLAUS ANTONIO PORTO DE SIQUEIRA VIEIRA	AL. BARAO DE LIMEIRA, 425	SAO PAULO, SP, BRAZIL
S/T	JULIO CASTRO	800 BRICKELL AVE, STE. 1109	MIAMI, FL 33131
AS	STEVEN P. OPPENHEIM	800 BRICKELL AVE, STE. 1115	MIAMI, FL 33131

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:

Julio Castro

JULIO CASTRO, TREASURER

12/7/00 305-379-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (8/99)



ACCOUNT NO. : 072100000032

REFERENCE : 925327 11489A

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ 758.75

ORDER DATE : December 8, 2000

ORDER TIME : 2:16 PM

ORDER NO. : 925327-005

CUSTOMER NO: 11489A

CUSTOMER: Steven P. Oppenheim, Esq
OPPENHEIM & ASSOCIATES
OPPENHEIM & ASSOCIATES
Suite 1115
800 Brickell Ave.
Miami, FL 33131

DOMESTIC FILING

NAME: UOL-E CORP.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds EXT 1133
EXAMINER'S INITIALS:

RECEIVED
00 DEC -8 PM 3:24
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2002