

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED 1997 AUG 11 AM 11:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>G26745</u>					
1. Corporation Name <u>CORPORACION ANA MARIA C.A. INC.</u>					
Principal Place of Business <u>1000 Ponce de Leon Blvd. Suite 300</u> <u>Coral Gables, FL 33134</u>		Mailing Address (Same as above)			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida <u>03/03/1983</u>	
				5. FEI Number <u>59-2357597</u>	
				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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
PT	<u>LOPEZ, RAUL</u> <u>1000 Ponce de Leon #300</u> <u>Coral Gables, FL 33134</u>				
VS	<u>LOPEZ, TERESA</u> <u>1000 Ponce de Leon #300</u> <u>Coral Gables, FL 33134</u>				
			100002264451--1 08/12/97--01045--004 ***915.00 ***915.00		
REINSTATEMENT					
8. Name and Address of Current Registered Agent <u>RAUL LOPEZ</u> <u>1000 Ponce de Leon #300</u> <u>Coral Gables, FL 33134</u>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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: <u>[Signature]</u> REGISTERED AGENT MUST SIGN Date: <u>8/9/97</u>					
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: <u>[Signature]</u> <u>RAUL LOPEZ</u> <u>8/9/97</u> <u>(205)446-1129</u>					