

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G62345

84-97

1. Corporation Name

LA GOMERA INVESTMENT CORPORATION

Principal Place of Business

C/O ACC Group
1101 Brickell Ave.
Suite 402
Miami, Florida 33131

Mailing Address

2 S. Biscayne Blvd.
Suite 3400
Miami, FL 33131

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

REINSTATEMENT

84-97

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida
9/8/83

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	Casal, Ali Cordero	1101 Brickell Ave. Suite 402	Miami, Fl. 33131
DV	Casal, Pedro Cordero	Same	Same
D	Casal, Mariela Cordero	Same	Same
D	Casal, Carmen Leonor C.	Same	Same
D	Herrera, Maria J.C. de	Same	Same

100002118511--0
-03/20/97--01005--005
***2065.00 ***2065.00

8. Name and Address of Current Registered Agent

Jose E. Miranda, Esq.
1699 Coral Way, Suite 315
Miami, FL 33145

9. Name and Address of New Registered Agent

Name
Valdes-Fauli Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2 South Biscayne Blvd.,
Suite, Apt. #, Etc.
Suite 3400
City
Miami

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*****8.75 FL ***2065.75

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

REGISTERED AGENT MUST SIGN

Date 3/6/97

Raul J. Valdes-Fauli/V.P.

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:

Ali Cordero Casal

Ali Cordero Casal/Pres.

3/6/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (12/95)