PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

98 DEC -1 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

◄ Read Instructions on Other Side Before Making Entries ►
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # J32657

CEXCO CORPORATION

2655 Le Jeune Road, Suite 1000
Coral Gables, FL 33134

W98000026890

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State Zip Code

4. Date Incorporated or Qualified To Do Business In Florida	5. FEI Number	FEI Number Applied For	6. $8.75 Additional Fee required for a Certificate of Status
9/10/86	59-2745370	FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED ☐

100002 FILED
-12/03/98--01090--030
****150.00 ****150.00

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P Ast.Sec	Ulises Vidal	2655 Le Jeune Road #1000	Coral Gables, FL 33134
T/S	Leonel Corado	2655 Le Jeune Road #1000	Coral Gables, FL 33134
D	Manuel Lopez Portillo	2655 Le Jeune Road #1000	Coral Gables, FL 33134
D	Raymundo Pavan	2655 Le Jeune Road #1000	Coral Gables, FL 33134
VP/ Ast.Sec.	Ernesto Marin	2655 Le Jeune Road #1000	Coral Gables, FL 33134

100002 FILED
-12/03/98--01090--029
****750.00 ****750.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

Michael H. Male
3250 Mary Street, Suite 303
Miami, FL 33133

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address

City State Zip

FL.

B 12/2/98
REINSTATEMENT 97-98

CR2E040 (8/92)

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 Michael H. Male Date 11/24/98

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. 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 of Officer or Director Date 11/24/98 Daytime Phone # (305) 442-0427

Ernesto Marin, Vice President
Typed or printed name of signing officer or director