

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Andrea B. Martha
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J73780

1. Corporation Name

INUS INVESTMENTS, INC.

Principal Place of Business

9000 SW 152 St., #106
Miami, FL 33157

Mailing Address

9000 SW 152 St., #106
Miami, FL 33157

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 Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5/18/87

5. FEI Number

65-0010322

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
PD	SANZ, JOSEPH A.	9000 SW 152 St., #106	Miami, FL 33157
DVP	QUADRONI, RICCARDO	Caselle Postale 3361	Lugano, Switzerland
S	BUHRMASTER, NORMAN J.	9000 SW 152nd St., #106	Miami, FL 33157

REINSTATEMENT 1996
+ 1997
4/1 Jan

8. Name and Address of Current Registered Agent

BROWN, B. MACKAY, ESQ.
9000 SW 152nd St., #102
Miami, FL 33157

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/31/97

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 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

Joseph A. Sanz, President

3/31/97 305-278-8400

Date

Daytime Phone #

CR2E040 (12/96)



ACCOUNT NO. : 072100000032

REFERENCE : 311258 5015487

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : March 28, 1997

ORDER TIME : 9:09 AM

ORDER NO. : 311258-010

CUSTOMER NO: 5015487

CUSTOMER: Carol Byars, Legal Asst
White & Brown, P.a.
Suite 102
9000 Southwest 152 Street
Miami, FL 33157

DOMESTIC FILINGS

NAME: INUS INVESTMENTS, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis

EXAMINER'S INITIALS _____

RECEIVED
97 APR -1 AM 3