

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 NOV 15 PM 5:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J87475 1. Entity Name INVERMER S.A. CORPORATION			
Principal Place of Business 2127 BRICKELL AVE. APT. 3101 MIAMI, FL 33129 US		Mailing Address 2127 BRICKELL AVE. APT. 3101 MIAMI, FL 33129 US	
2. Principal Place of Business 2730 SW 3rd Avenue Suite, Apt. #, etc. Suite 703 City & State Miami, Florida Zip 33129 Country USA		3. Mailing Address 2730 SW 3rd Avenue Suite, Apt. #, etc. Suite 703 City & State Miami, Florida Zip 33129 Country USA	
4. FEI Number 65-0030865		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TRUJILLO, FELIPE 2730 SW 3 AVE STE 703 MIAMI, FL 33129		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. The above named entity admits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <small>Signature, typed printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE: _____			
FILE NOW!!! FEE IS \$750.00 After January 1, 2006, Fee will be \$900.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS TRUJILLO, FELIPE URBANIZACION EL RIO #99 GUAYAQUIL, ECUADOR, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address of all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: 11 OCT 2005 Daytime Phone # _____	



10072005 REIN-P CR2E098 (6/04)