

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM FILED

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 18 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J91180

1. Corporation Name

INVERCIONES CONTINENTAL, U.S.A., CORP.

2. Principal Office Address

APARTADO 390

Suite, Apt. #, etc.

City & State

SAN PEDRO SULA

Zip Country

33169

HONDURAS CA

3. Mailing Office Address

9655 W BROWARD BLVD

Suite, Apt. #, etc.

City & State

PLANTATION, FL

Zip Country

33324

U.S.A.

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

9/08/87

5. FEI Number

65-0018270

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION INFORMATION SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYES STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

700005396147--3

05/01/02-01009-007

***1050.00 ***1050.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

4/9/02

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	JAIME ROSENTHAL	P.O. BOX 390	SAN PEDRO SULA, HOND CA

0. 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

4/11/02
Date

Daytime Phone #