CAPITAL CONNECTION 850 222 1222 03/09 '99 11:54 NO.433 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# APPLICATION FOR REINSTATEMENT

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

P00000285307Z--1
-04/27/99--01044--013
***1500.00 ***1500.00
P00000285307Z--1
-04/27/99--01044--014
******8.75 ******8.75

DOCUMENT # K18877

1 Corporation Name

CARLSAN USA CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| 145 MADEIRA AVENUE<br>SUITE 310<br>CORAL GABLES, FL 33134 | 145 MADEIRA AVENUE<br>suite 310<br>CORAL GABLES, FL 33134 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| 2. New Principal Office Address, If Applicable | 3. New Mailing Office Address, If Applicable |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 65-0038317 ☐ 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)

| 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 | ANNE SALGUERO | 145 MADEIRA AVENUE SUITE 310 | CORAL GABLES,FL 33134 |
| VP | JEFFREY SALGUERO | 145 MADEIRA AVENUE SUITE 310 | CORAL GABLES, FL 33134 |
| VP | RICARDO SALGUERO | 145 MADEIRA AVENUE SUITE 310 | CORAL GABLES, FL 33134 |
| VP/S | STEPHEN SALGUERO | 145 MADEIRA AVENUE SUITE 310 | CORAL GABLES, FL 33134 |
| VP | LINDA SALGUERO | 145 MADEIRA AVENUE SUITE 310 | CORAL GABLES, FL 33134 |
| VP | SUZANNE SALGUERO | 145 MADEIRA AVENUE SUITE 310 | CORAL GABLES, FL 33134 |

8. Name and Address of Current Registered Agent

RAUL J. SANCHEZ DE VARONA, PA
RAUL J. SANCHEZ DE VARONA
145 MADEIRA AVENUE, SUITE 310
CORAL AGBLES, FL 33134

9. Name and Address of New Registered Agent

Name

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

City State FL Zip Code

TS. 4/21/99

REINSTATEMENT 4-99

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 _____ Date _____

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I certify that I am an officer or director of 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:** _____ 3/18/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #