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APPLICATION FOR REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

FILED

97 DEC 11 AM 11:37

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 # K21027

CONTINENTAL NETWORK, INC.
1801 S.W. 8th Street
Miami, FL 33135

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

REINSTATEMENT

95-97 AD

3. Date Incorporated or Qualified To Do Business in Florida: 4/15/88

4. FEI Number: 65-0118668

FEI Number Applied For ☐
FEI Number Not Applicable ☐

5. $8.75 Additional Fee required for a Certificate of Status
CERTIFICATE OF STATUS DESIRED [X]

6. Names and Street Addresses of Each Officer and/or Director

1 Title	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 and State
Direct	Borges, Francisco L.	1801 S.W. 8th St.	Miami, FL
P/D	Garnicki, Daniel	1801 S.W. 8th St.	Miami, FL

000002373820--05
12/16/97--01036--018
***1088.75 ***1088.75

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

Ferradaz, Adrian
2655 LeJeune Rd
PH - II
Coral Gables, FL 33134

8. Name and Address of New Registered Agent and/or Office

Name: Daniel Garnicki

Street Address (Do NOT Use P.O. Box Number): 1801 S.W. 8th St.

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

City and State: Miami FL. Zip: 33135

CR2E040 (8/92)

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] Date: 12/10/97

REGISTERED AGENT MUST SIGN

10. 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.)

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [X] 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., 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: ✓ [signature] Date: 12-10-97 Daytime Phone #: 305-643-5344

Typed or printed name of signing officer or director: Daniel Garnicki