FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

97 JUL -8 AM 10:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # K29182

1. Corporation Name

CUPAR INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
~~990 Lewis Drive~~	~~990 Lewis Drive~~
~~Winter Park, FL 32789~~	~~Winter Park, FL 32789~~

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

REINSTATEMENT

94-97 ao

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address If Applicable
237 Lookout Place	237 Lookout Place
Suite, Apt. #, etc.: 100	Suite, Apt. #, etc.: 100
City & State: Maitland, FL	City & State: Maitland, FL
Zip: 37251 Country: Orange	Zip: 37251 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 07/22/1988

5. FEI Number: 58-1209967 — 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
~~D~~	~~SALAZAR, CARLOS~~	~~Ave Dos De Mayo No. 1675~~	~~San Isidro, Peru~~
~~D~~	~~Harrisson, Jose~~	Ave Dos De Mayo No. 1675	San Isidro, Peru
D	Mannil, Harry	Ave Principal Las Merced	Caracas, Venezuela
D	Galvez, Walter L.	Ave Principal Las Merced	Caracas, Venezuela

600002234036--2
-07/09/97--01091--012
***1245.00 ***1245.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Icardi, Jeffrey A. 237 Lookout Place, Suite 100 Maitland, FL 32751	Name Street Address (P.O. Box Number is 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: _____ REGISTERED AGENT MUST SIGN — Date: 7/7/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the corporation 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 corporation complies the requirements of section 607.0401 or 617.0401, F.S., and that all