

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 DEC 14 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K32023

1. Corporation Name
NEW CASTLE INVESTMENT (USA) INC

Principal Place of Business Mailing Address
2299 SW 37 Avenue 4th Floor 2299 SW 37 Avenue
Miami, FL. 33145 Miami FL 33145

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		4. Date Incorporated or Qualified To Do Business in Florida 8/30/88	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 98-0072023	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	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 / State / Zip
PD	Perez Recao Odette C.	2299 SW 37 Avenue Miami, FL. 33145	
VPD	PEREZ RECAO, ISAAC	2299 SW 37 Avenue Miami, FL. 33145	
TD	RECAO DE PEREZ ODETTE	2299 SW 37 Avenue Miami, FL. 33145	
SD	PEREZ RECAO, VICENTE	2299 SW 37 Avenue Miami, FL. 33145	
			600002719656--1 -12/22/98-01087-014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

Antonio Yip
2299 S.W. Douglas Road
4th Floor
Miami, FL. 33145

9. Name and Address of New Registered Agent

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 *A Yip* Date 12-10-98
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 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:

Odette C. Perez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-20-98 305 4432508
Date Daytime Phone #

CH2040 (198)