

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 DEC 21 PM 12:21

DOCUMENT #

1. Corporation Name

TRIDOMUS CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

-1223 SW Fourth Street, Suite 25
Miami, FL 33135-2407

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

98-6053370

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)

Time(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PJT	Iris-De Aliaga De Iglesias	1223 SW Fourth Street, Ste. 25,	Miami, FL 33135-2407
UP&S	José Augustin de Aliaga	1223 SW Fourth Street, Ste. 25	Miami, FL 33135-2407
UP&AT	Juan Geronimo de Aliaga	1223 SW Fourth Street Ste. 25	Miami, FL 33135-2407
Sole Director + AS	Augustin De Goytisolo	1223 SW Fourth Street, Ste 25	Miami, FL 33135-2407
			6000003099126--3 -01/14/00-01085-020 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

Augustin De Goytisolo, P.A.
1223 SW Fourth Street, Suite 25
Miami, FL 33135-2407

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

11. This corporation owes 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #