| L∟Aວ | LAU A | ALL INST | HUCHONS | BEFORE (| ¿OMPL ⊾ i | ING THIS I | -ОНМ. | | |
|--|---|--|--|---|-------------------------------------|--|--------------------|--|--|
| APPLICATION | 30 | | DEPARTMEN | | | | | | |
| FOR | | | Katherine Ha | | ļ | | | | |
| REINSTATEMENT | | | Secretary of S | | | FILE | D | | |
| | 72119 | | ISION OF CORPOR | ATIONS | 1 | 99 1107 1 0 | P# 12: 0 1 | | |
| Corporation Name | | | | | | | | | |
| VISTA INVESTMENTS OF ARIZONA, INC. | | | | ·• | | SECLED LA CA SYMPE TALLAM/SSIE, PLOMIDA | | | |
| rincipal Place of Business 200 Ponce De Leon F ind Floor | 3200 Pon | Mailing Address 3200 Ponce De Leon Blvd. 2nd Floor | | | | | | | |
| Coral Gables, FL 331 | .34 | Coral Ga | bles, FL 33 | 3134 | REIN | STATE | VENT | 07-00 | |
| If above addresses are incorrect in a | | | | | | | | 71-79 | |
| New Principal Office Address, If A | New Mailing Office Address, If Applicable C/o Raul J. Salas | | | Date Incorporated or Qualified To Do Business in Florida 03/07/89 | | | | | |
| 201 S. Biscayne Blv | Suite Apt * etc. 201 S. Biscayne Blvd. #1500 | | | 5. FEI Numbe | er . | | Applied For | | |
| ty & State Miami, Florida | | City & State Miami, Florida | | | 1 | 65-014647 | 2 | Not Applicable | |
| 33131 Country | ^{Zip} 33131 | | USA | CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee requirements for a Certificate of Status | | | | | |
| Names and Street Addresses of E | USA ach Officer and ic | | | | ast 3 directors) | | | Zertificate of Guirds | |
| Name | e of Officers | 2. 2. Color (1 lon | Stre | eet Address of Each | h | | City / Chan 2 | 7in | |
| Title(s) and/or Directors | | | 3 (Do NOT Use Post Office Box Numbers) 4 | | | | | | |
| | | | | /o Chartered Trust Services George Town ne Capital Place Grand Cayman, Cayman Isl. | | | | | |
| | | | Shedden Ro | | | GLAIA | Caylleri, | Cayman 181. | |
| | | | 111 | | | | ?3/9901 | 9 81 — 1 047 - 018 ***1058.75 | |
| · · · · · · · · · · · · · · · · · · · | ······ | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 8. Name and Address of Current Registered Agent | | | | 9. Name and Address of New Registered Agent Name | | | | | |
| Jose Valle | Corporation Company of Miami | | | | | | | | |
| 3200 Ponce De Leon Blvd., 2nd Floor Coral Gables, FL 33134 | | | | Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd. | | | | | |
| 3 | | | | Suite Apt. Elc Suite 1600 (RJS) City | | | | | |
| | | | | | | | | | |
| gnature of By: | aldent | ASTERED AGE | MANUST SIGN | | | Date11 | /8/99: | | |
| 11. This corporation | A. LANDA | บ. ASSIST | rant secret | ARY | | | ee other side for | information | |
| Intangible Person | al Propert | ly Tax du | e June 30. | Yes | □ No 🗷 | 3 | on intangible | | |
| 12 I certify that I am an officer or dire this reinstatement application, the owed by the corporation have bee on this application is true and acco | reason for dissol on paid and the n | lution has been i ames of individu | eliminated, the corpo pals listed on this for | rate name satisfies m do not qualify for | the requirements an exemption un | of section 607.040 |)1 or 617.0401, F | .S., that all fees | |
| , | _ | | | | | , , | (| المعدم | |
| SIGNATURE: Linburg | n Martin, | Preside | nt | | | /11/99 | | | |
| SIGNATURE AN | | | IGNING OFFICER OR E | DIRECTOR | | Date | | Phone # | |