

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 17 PM 4:11

DOCUMENT # K76336

1. Corporation Name

ACER LATIN AMERICA, INC.

Principal Place of Business

Mailing Address

1701 NW 87TH AVE

ATTN: EDWIN GABRERA Elsa Austrich

MIAMI FL 33172

US

1701 NW 87TH AVE

ATTN: EDWIN GABRERA Elsa Austrich

MIAMI FL 33172

US

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



REINSTATEMENT 00

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

03/29/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0130985

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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 3	City / State / Zip 4
PCBD	ROJAS, JUAN M	1701 NW 87TH AVE	MIAMI FL 33172
<del>VDVC</del> V	<del>JINICH, ARMANDO</del> Peter Chao	1701 NW 87TH AVE	MIAMI FL 33172
SD	TEUFFER, MARIO	1701 NW 87TH AVE	MIAMI FL 33172
			300003440653--5 -10/26/00--01069--010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

G-T CORPORATION SYSTEM

1200 G. PINE ISLAND RD.

PLANTATION FL 33324

Name

Teuffer, Mario

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

1701 NW 87th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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. 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #