

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 15 AM 11:34

DOCUMENT # K86642

1. Corporation Name

RICAMAR, INC.

2. Principal Office Address

999 Brickell Avenue

3. Mailing Office Address

999 Brickell Avenue

Suite, Apt. #, etc.

Suite 1006

Suite, Apt. #, etc.

Suite 1006

City & State

Miami, Florida 33131

City & State

Miami, Florida 33131

Zip

33131

Country

U.S.

Zip

33131

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

May 9, 1989

5. FEI Number

65-0249979

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ROBERT W. STEWART, P.A.

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

999 Brickell Avenue

Suite, Apt. #, Etc.

Suite 1006

City

Miami,

State

FL

Zip Code

33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

*Robert W. Stewart*

REGISTERED AGENT MUST SIGN

Date 4-23-01

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPS	RICARDO E.S. SALGADO	Ave. Montchoisi 15,	Lausanne, Switzerland
AS	ROBERT W. STEWART	999 Brickell Avenue, Suite 1006	Miami, Florida 33131

10. 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 application are 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

Robert W. Stewart

4/23/01

Date

(305) 358-7272

Daytime Phone #

CR2E081 (9/99)