APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L38826 (8)

1. Corporation Name

Comercializadora of Florida, Inc.

Mailing Address / Principal Place of Business

Comercializadora of Fl, Inc.
c/o Luis Marco Sirvent
Grupo La Viga, SA de CV
Calxa. De la Viga No. 1306
Col. El Triunfo
Mexico, D.F. 09430

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

REINSTATEMENT 98

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable: Gonzalez De Cossio 119-401
Suite, Apt. #, etc.: Col. De Valle
City & State: C.P. 03100
Zip:
Country: Mexico, D.F.

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.:
City & State:
Zip:
Country:

4. Date Incorporated or Qualified to Do Business in Florida: 12/21/1989

5. FEI Number: 65-0194632 — 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
DPS	Marco, Luis	2151 S. LeJeune Road #310	Coral Gables, FL 33134

200002716402--7
-12/18/98--01084--012
****750.00 ****750.00

12/15

8. Name and Address of Current Registered Agent

Law offices of Ana Maria Angulo
2151 South LeJeune Road
Suite 310
Coral Gables, Florida 33134

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: _____ Date: 12/10/98
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: X _____ 12/7/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (6-94)