

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L38826

1. Corporation Name

COMERCIALIZADORA OF FLORIDA, INC.

2. Principal Office Address

255 UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33134

Country

USA

3. Mailing Office Address

255 UNIVERSITY DRIVE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip

33134

Country

USA

REINSTATEMENT

CR2E081 (8/05)

99-05

**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. Name and Address of Current Registered Agent

Name

FERNANDO ARAN

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

255 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 11-15-05

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	LUIS MARCO SIRVENT	255 UNIVERSITY DRIVE	CORAL GABLES FL 33134

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 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

11-15-05

Date

Daytime Phone #

COMERCIALIZADORA OF FLORIDA, INC.
DOC.# L38826

TO: DIVISION OF CORPORATION
ATTN: PAT BAILEY

**AS PER YOUR REQUEST I AM SENDING A CHECK FOR
#1,477.50 TO COVER THE NECESSARY FEES TO PROCESS
THIS REINSTATEMENT. WE ARE CURRENTLY DOING A
CLOSING IN A PROPERTY AND HAD NO IDEA THAT WE HAD
THIS PROBLEM ALTHOUGH THIS WAS BACK IN 2000 I DON'T
HAVE ANY RECORDS OF GETTING CORRESPONDENCE FROM
YOUR OFFICE OR FROM MY BANKING INSTITUTION. PLEASE
BE SO KIND TO RESOLVE THIS AS SOON AND WAIVE ANY
LATE CHARGES.**

**THANK YOU FOR YOUR PROMPT ATTENTION IIN THIS
MATTER.**

THANK YOU,

LUIS MARIO SIRVENT
DPS