APPLICATION FOR REINSTATEMENT 95-98

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAY -8 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L78381 (5)

1. Corporation Name
SIDEREIMA CORPORATION
W48-9792

Principal Place of Business	Mailing Address
% RAUL LOYOLA	% RAUL LOYOLA
1101 BRICKELL PLAZA	1101 BRICKELL PLAZA
MIAMI FL 33131	MIAMI FL 33131

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

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

4. Date Incorporated or Qualified to Do Business in Florida: 06/07/1990

5. FEI Number: 65-0431332 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MAROZOF, RAUL H	APTO 402, RAMBIA BATTLE, Y AVDA, FRANCIA	
SD	REDDIG, ENRIQUE W	CHALET MANDERLY CALLE	ATLANTIDA Y AVE SAN
AS	LOYOLA, RAUL	1101 BRICKELL PLAZA	MIAMI FL

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-05/12/98--01040--023
***1208.75 ***1208.75

REINSTATEMENT 95-98

8. Name and Address of Current Registered Agent

LOYOLA, RAUL
1101 BRICKELL PLAZA
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name: A. Alan 5/8/98
Street Address (P.O. Box Number is Not Acceptable):
Suite, Apt. #, Etc.:
City: State: FL Zip Code:

CR2E040 (12/95)

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: X [signature] Date: APRIL 24,98
REGISTERED AGENT MUST SIGN

11. 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.)

12. 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: X [signature] 04/24/98 (305) 374-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #