

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 SEP 27 PM 2:56

DOCUMENT # L90935

1. Corporation Name

Bolita S.A.Inc

2. Principal Office Address

4900 N. Ocean Dr.

Suite, Apt. #, etc.
1611

City & State
Ft. Lauderdale, FL

Zip
33308

Country
USA

3. Mailing Office Address

4900 N. Ocean Dr.

Suite, Apt. #, etc.
1611

City & State
Ft. Lauderdale, FL

Zip
33308

Country
USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/01/1990

5. FEI Number
65-0254543

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

Jacqueline E. Rhodes

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

4900 N. Ocean Dr.

Suite, Apt. #, Etc.
1611

City

Ft. Lauderdale

State
FL

Zip Code
33308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/14/05

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
P	Guillermo Soto	4900 N. Ocean Dr.#1611	Ft. Lauderdale, FL 33308

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

GUILLERMO SOTO

Date

14-09-2005

Daytime Phone #

454-9435883