

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 JAN 29 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M08975

1. Corporation Name

REBARBIER, INC.

2. Principal Office Address

2600 S.W. 3rd Avenue

Suite, Apt. #, etc.

Suite 800

City & State

Miami, Florida

Zip

33129

Country

Miami-Dade

3. Mailing Office Address

2600 S.W. 3rd Avenue

Suite, Apt. #, etc.

Suite 800

City & State

Miami, Florida

Zip

33129

Country

REINSTATEMENT 94-01

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

12/14/84

5. FEI Number

592482148

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

CORPORATION COMPANY OF MIAMI

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

201 South Biscayne Boulevard

Suite, Apt. #, Etc.

1500 Miami Center

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

Adrian L. Swain

Asst. Secretary

Date January 25, 2000

REGISTERED AGENT MUST SIGN

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
D/P	Acevedo, Rafael A.	2600 S.W. Third Ave. Ste. 800	Miami, Florida 33129
D/S	Altaba, Andres	2600 S.W. Third Ave., Ste. 800	Miami, Florida 33129
D/V	Morandini, Mario	2600 S.W. Third Ave., Ste. 800	Miami, Florida 33129
V/D/S	Erich Altaba	2600 S.W. Third Ave., Ste. 800	Miami, Florida 33129

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

1-26-01 (305) 856-7586

Date

Daytime Phone #

CR2E081 (9/00)