

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 15 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500024889685

11/20/03--01063--012 **236.25

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **NO 3000010600**

1. Corporation Name

ENVACE CUBANO, INC

2. Principal Office Address

1522 SAN IGNACIO

Suite, Apt. #, etc.

1

City & State

CORAL GABLES

Zip

FL

Country

21P
33146

3. Mailing Office Address

1522 SAN IGNACIO

Suite, Apt. #, etc.

1

City & State

CORAL GABLES

Zip

FL

Country

21P
33146

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

AUG 8, 2002

5. FEI Number

52-2375490

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

JOAQUIN GARCIA-LARRIEU

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

10300 SW 115 ST

Suite, Apt. #, Etc.

MIAMI

City

FL

State

FL

Zip Code

33176

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

4/12/04

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
DIR	ELISA H SANCERIBAS	1522 SAN IGNACIO	CORAL GABLES FL 33146
DIR	MARIA GARCIA-LARRIEU	1522 SAN IGNACIO	CORAL GABLES FL 33146

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] MARIA GARCIA-LARRIEU

Date

Daytime Phone #

305-662-1600