

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

13 JUN 11 PM 2:40

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** n11000006527

1. Corporation Name

Galapagos Scientific and Academic Center, Inc.

2. Principal Office Address - No P.O. Box #

834 Ocean Drive,

Suite, Apt. #, etc.

212

City & State

Miami, Florida

Zip

33139-5809

Country

USA

3. Mailing Office Address

834 Ocean Drive

Suite, Apt. #, etc.

212

City & State

Miami, Florida

Zip

33139-5809

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

July, 8, 2011

5. FEI Number

Applied For

☒ 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

Milagros Vazquez

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

3663 SW 8 Street

Suite, Apt. #, Etc.

200

City

Miami

State

FL

Zip Code

33135

JUN 11 2013

S. PRATHER

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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

5/24/13

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/D	Jorge Marcelo Fernandez-Sanchez	Gonzalez Suarez 800 Sexto Pizo	Quito Ecuador
VP/D	Marcelo Xavier Fernandez-Orrantia	Gonzalez Suarez 800 Sexto Pizo	Quito Ecuador
S/D	Luis Carlos Fernandez Gilbert	Gonzalez Suarez 800 Sexto Pizo	Quito Ecuador
T/D	Nicolas Fernandez-Schatzer	Gonzalez Suarez 800 Sexto Pizo	Quito Ecuador
D	Bernardo Sandoval Cordova	Avenida Jorge Fernandez SN Simon Bolivar	Quito Ecuador
D	Gustavo Vega Delgado	Avenida Jorge Fernandez SN Simon Bolivar	Quito Ecuador

10. E-mail Address: cancille@internacional.edu.ec

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

U-24-2013