

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP 29 PM 4:22

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SEP 29 2009
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REINSTATEMENT 04-09
CR2E081(12/08)

DOCUMENT # N95000003838

1. Corporation Name

FITTIPALDI FOUNDATION OF THE AMERICAS

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

123 SE 3RD AVENUE

3. Mailing Office Address

123 SE 3RD AVENUE

Suite, Apt. #, etc.

SUITE 352

Suite, Apt. #, etc.

SUITE 352

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33131

Country

USA

Zip

33131

Country

USA

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

08/10/1995

5. FEI Number
65-0606871

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

MORRISON, BROWN, ARGIZ & FARRA, LLP

Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE, 9TH FL

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

B. Bakhti

Date

9/28/09

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
PD	EMERSON FITTIPALDI	123 SE 3RD AVENUE, SUITE 352	MIAMI, FL 33131
VPD	CARLOS DA CRUZ	950 S MIAMI AVENUE	MIAMI, FL 33130
D	DAN GOODSTAT	123 SE 3RD AVENUE	MIAMI, FL 33131

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 contained in Chapter 119, 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

Date

Daytime Phone #

09/28/09

9/29