PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. pg. 1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 AUG 11 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N95000005581**

1. Corporation Name

CASA ARGENTINA DE MIAMI, INC.

Principal Place of Business	Mailing Address
~~5818 S.W. 8TH STREET~~ ~~MIAMI FL 33144~~	~~5818 S.W. 8TH STREET~~ ~~MIAMI FL 33144~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1150 Collins Ave	
Suite, Apt. #, etc.: 503	Suite, Apt. #, etc.
City & State: Miami Beach	City & State
Zip: 33139 Country: U.S.A.	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/27/1995

5. FEI Number: Applied For ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

300002284413--8
-08/14/97--01143--005
****297.50 ****297.50

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City, State, Zip
D	PERCUL, EVA C	~~5818 S.W. 8TH ST.~~ 1150 Collins ave.	MIAMI FL ~~33144~~ 33139
D	BROK, SERGIO F A	1500 CONCORD TERRACE	SUNRISE FL 33323
D	LEON, ABILIO	5800 S.W. 8TH STREET	MIAMI FL 33144

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REINSTATEMENT 97

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8. Name and Address of Current Registered Agent

PERCUL, EVA C
~~5818 S.W. 8TH ST.~~ 1150 Collins ave. #503
MIAMI FL ~~33144~~ 33139

9. Name and Address of New Registered Agent

8/11/97

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (7/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent _____ Date _____

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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.

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SIGNATURE: _____ 01/22/97 (305) 532-~~1736~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State.
SANDRA B MORTHAM -
Secretary of State
Division of Corporations
Corporate records
P.O. BOX - 6327

Miami, August 8th 1992

Subject Casa Argentina de Miami INC -
Ref Number : N 95000005581

Mis Leslie Sellers

On reference on the letter you send - me back -
D'll make some questions by telephone . D'll have good answers and good attentions.
D'm doing exactly what explain me by telephone -

D'll hope every thing is OK.

Thanks -

Eva Clara Percul
~~Director~~