PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

N96000001406 DOCUMENT

-BRICKELL AVE

Country

ひ≾ぬ

1. Corporation Name

COMMERCIAL DISPUTE RESOLUTION CENTER OF THE AMER ICAS, INC.

Principal Place of Business

Mailing Address

1000 BRICKELL AVE

1690 BRICKELL AVE SUITE 275

SUITE 275 MIAMI FL 39191

-1-22.1-

Suite, Apt. #, etc City & State MAIM

*3*3131

MIAMI-FL 33131

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 1221 BRICKELLAVE				
	Suite, Apt. #, etc. 21 st FLOOR				
	City & State MIDMI FL				

3313 <u>1</u> Country

02 JAN -7 PM 3:57

BECKEBARY OF STATE TAELAHASSEE, FLORIDA



PEINSTATEMENT		
To Do Business in Florida	3/1996	
5. FEI Number	Applied For	
65-0652009	Not Applicable	
6. S8.75	Additional Fee required	

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	-01/24/0201079015 ****29Pivy@tate*****297.50
D	BURTON, LANDY	ONE S.E. 3RD AVE, 28TH FL	MIAMI FL 33131
D	JUNCADELLA, SALVADOR J	200 S. BISCAYNE BLVD., SUITE 530	MIAMI FL 33131 (4 6 6
D	SANTOS, JOSE A JR.	1221 BRICKELL AVE 21ST FLOOR	MIAMI FL 33131
D	MASON, PAUL E	701 WATERFORD WAY STE 490 1111 Crandon Blvd., No B-1002	MAMIFL 33126 Key Biscayne, FL 33149
D	MARKUS, ANDREW J	201 S BISCAYNE BLVD 25TH FL.	MIAMI FL 33131
Ð	CAPABLANCA, FERNANDO	701 BRICKELL AVE STE 1450 HH + Crandon Blvd., No 2 K	MIAMIFL 39131-
	8. Name and Address of Current Regis	stered Agent 9. Name and	Address of New Registered Agent

ROONEY, JOHN H JR 2055 LEJUENE ROAD SUITE 805 CORAL GABLES FL 33134-

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

601 Brickell Key Suite, Apt. #, Etc.

Suite 500

iami

Zip Code 33131

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

REGISTERED AGENT MUST SIGN

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 filling 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: