

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **N96000004149**

1. Corporation Name

**CUSTOMS/TRADE/FINANCE SYMPOSIUM OF THE AMERICAS, INC.**

Principal Place of Business

Mailing Address

5200 BLUE LAGOON DR  
SUITE 600  
MIAMI FL 33126

5200 BLUE LAGOON DR  
SUITE 600  
MIAMI FL 33126

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

08/08/1996

5. FEI Number

65-0687709

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	PEREZ-JONES, JOSE	8050 NW 79TH AVE	MIAMI FL 33166
DP	LEIVA, GERMAN	2305 N.W. 107TH AVE., SUITE 107	MIAMI FL 33172
DT	SANDLER, GILBERT LEE	5200 BLUE LAGOON DRIVE, STE 600	MIAMI FL 33126
DS	SANTEIRO, FRANCISCO X	701 WATERFORD WAY, STE. 1000	MIAMI FL 33126
D	MARINO, ALBERTO J	7300 N.W. 35TH TERRACE	MIAMI FL 33122
			100037336971 05/26/04--01044--005 **297.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SANDLER, GILBERT L  
5200 BLUE LAGOON DRIVE  
SUITE 600  
MIAMI FL 33126

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

5/21/04

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., 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/21/04

Date

305.267-9200

Daytime Phone #

REINSTATEMENT 03-04

FILED

04 MAY 26 AM 7:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (7/03)