

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN 22 PM 4:42

DOCUMENT # P00000000197

1. Corporation Name

RESTREPO ASSOCIATES, INC.

Principal Place of Business

Mailing Address

9737 NW 41 STREET #186
MIAMI FL 33178

9737 NW 41 STREET #186
MIAMI FL 33178



REINSTATEMENT

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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

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number
65-0980399

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	Karl Nicholas	9737 NW 41 Street, #186	Miami, FL 33178
D	Alejandro D. Restrepo	9737 NW 41 Street, #186	Miami, FL 33178
D	William Chapman	9737 NW 41 Street, #186	Miami, FL 33178
D	Roberto Fernandez	9737 NW 41 Street, #186	Miami, FL 33178
D	Max Strom	9737 NW 41 Street, #186	Miami, FL 33178

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NICHOLAS, KARL
9737 NW 41 STREET #186
MIAMI FL 33178

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.

Signature of
Registered Agent

Karl Nicholas SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date October 24, 2000

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.

AD

SIGNATURE:

Karl Nicholas SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

October 24, 2000

Date

(305) 525-5789

Daytime Phone #

CR2E040 (8/00)