

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JUN 14 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000015022**

1. Corporation Name

**REPRESENTACIONES & IMPORTACIONES  
AMAZONA, INC**

2. Principal Office Address

**168 SE 1 ST**

Suite, Apt. #, etc.

**# 300A**

City & State

**MIAMI, FL.**

Zip

**33131**

Country

**—**

3. Mailing Office Address

**168 SE 1 ST**

Suite, Apt. #, etc.

**# 300A**

City & State

**MIAMI, FL.**

Zip

**33131**

Country

**—**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/11/2000**

5. FEI Number

**65-0984406**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**REINSTATEMENT 01-02**

**7. Name and Address of Current Registered Agent**

Name

**LUIS F. ESCAMILLA**

**500006072215--9**

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

**2684 SW 135 AVE**

**06/27/02 01969-005**

**\*\*\*\*900.00 \*\*\*\*900.00**

Suite, Apt. #, Etc.

City

**MIRAMAR**

State

**FL**

Zip Code

**33027**

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

**Luis Francisco Escamilla**

Date

**06/11/02**

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
DPS	ESCAMILLA, LUIS FL.	2684 S.W 135 AVE.	MIRAMAR, FL. 33027

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 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:

**Luis Francisco Escamilla**

**LUIS F. ESCAMILLA (PRES)**

**06/11/02**

**(305) 375-0560**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)