

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 MAY -6 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P000000038910

1. Corporation Name

RESOLVE AMERICAS, INC.

2. Principal Office Address

5201 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

SUITE 884

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

3. Mailing Office Address

5201 BLUE LAGOON DRIVE

Suite, Apt. #, etc.

SUITE 884

City & State

MIAMI FLORIDA

Zip

33126

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

4/18/2002

5. FEI Number

65-1006769

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

BRENTON PARR, COMPANY SECRETARY, RESOLVE AMERICAS, INC.

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

5201 BLUE LAGOON DRIVE

Suite, Apt. #, Etc.

SUITE 884

City

MIAMI

700005979097-5

-06/25/02-01071-011

State FL 33126

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

BAParr

REGISTERED AGENT MUST SIGN

Date 5/15/2002

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
<u>PRESIDENT</u>	<u>PETER O'NEILL</u>	<u>5201 BLUE LAGOON DRIVE</u>	<u>MIAMI FLORIDA 33126</u>
<u>CEO</u>	<u>DAVID PERRY</u>	<u>5201 BLUE LAGOON DRIVE</u>	<u>MIAMI FLORIDA 33126</u>
<u>SECRETARY</u>	<u>BRENTON PARR</u>	<u>5201 BLUE LAGOON DRIVE</u>	<u>MIAMI FLORIDA 33126</u>
<u>CHAIRMAN</u>	<u>PAUL MAY</u>	<u>5201 BLUE LAGOON DRIVE</u>	<u>MIAMI FLORIDA 33126</u>
<u>VP FINANCE</u>	<u>MARK GOSDEN</u>	<u>5201 BLUE LAGOON DRIVE</u>	<u>MIAMI FLORIDA 33126</u>

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:

BAParr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/15/2002

Daytime Phone #

972 447 2074

CR2E081 (9/01)