

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 DEC 11 PM 4:48

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P00000039837**

1. Corporation Name

**ADQUIRA, INC.**

Principal Place of Business

Mailing Address

1221 BRICKELL AVE. SUITE 1200  
 C/O PATRICIA MENENDEZ  
 MIAMI FL 33131

1221 BRICKELL AVE. SUITE 1200  
 C/O PATRICIA MENENDEZ  
 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT **03**

4. Date Incorporated or Qualified To Do Business in Florida

04/20/2000

5. FEI Number

65-1006968

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CFO	FEDRIANI, JAVIER	1221 BRICKELL AVE 22ND FLR	MIAMI FL 33131
T	PRIETO, MARCELO	1221 BRICKELL AVE 22ND FLR	MIAMI FL 33131
CEO	MENENDEZ, GUSTAVO	1221 BRICKELL AVE, SUITE 1200	MIAMI FL 33131
DP	TRASOBARES, ELISEO S	1221 BRICKELL AVE	MIAMI FL 33131
DS	PALLARES, CRISTINA P	1221 BRICKELL AVE 22ND FLR	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525

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.

**Cynthia L. Harris**  
 as its agent

300025433273

Signature of Registered Agent

*Cynthia L. Harris*

REGISTERED AGENT MUST SIGN

Date

12/11/03

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:

*Eliseo Sanchez Trasobares*

ELISEO SANCHEZ TRASOBARES

Date

Daytime Phone #

12/8/03

34918375402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CPRE040 (7/03)

292



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 356122 4303929

AUTHORIZATION : *Patricia Piquin*

COST LIMIT : \$ 750.00

ORDER DATE : December 11, 2003

ORDER TIME : 2:27 PM

ORDER NO. : 356122-015

CUSTOMER NO: 4303929

CUSTOMER: Ms. Antje Becker  
Greenberg Traurig, P.a.  
18th Floor  
1221 Brickell Avenue  
Miami, FL 33131-3238

RECEIVED  
03 DEC 11 PM 4:32  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: ADQUIRA, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS \_\_\_\_\_