

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 24 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055322

1. Corporation Name

TOVAR INVESTMENTS, INC.

2. Principal Office Address

2601 So. BAYSHORE DR.

Suite, Apt. #, etc.

S-1400

City & State

MIAMI, FLORIDA

Zip

33133

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/00

5. FEI Number

01-0618020

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

ALFREDO G. DURAN

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

2601 So. BAYSHORE DR.

Suite, Apt. #, Etc.

S-1400

City

MIAMI

State

FL

Zip Code

33133

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/22/03

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
P/D	PASTORA TOVAR	AVE. ROMULO GALLEGOS, C.G. LOS ANDES. OFC, 3B.	CARACAS, VENEZUELA
S/T/D	MIGUEL TOVAR	SAME	SAME

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:

[Signature]

PASTORA TOVAR, PRES.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/03

Date

(305) 859-2696

Daytime Phone #

CR2E081 (9/01)