

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P00000057105**

1. Corporation Name

**COMERCIO UNIVERSAL S.A. INC.**

2. Principal Office Address - No P.O. Box #

**2121 Ponce de Leon Blvd.**

Suite, Apt. #, etc.

**Suite 1050**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**U.S.**

3. Mailing Office Address

**2121 Ponce de Leon Blvd**

Suite, Apt. #, etc.

**Suite 1050**

City & State

**Coral Gables, FL**

Zip

**33134**

Country

**U.S.**

7. Name and Address of Current Registered Agent

Name

**Consulting Services of South Florida, Inc.**

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

**2121 Ponce de Leon Blvd.**

Suite, Apt. #, Etc.

**Suite 1050**

City

**Coral Gables**

State

**FL**

Zip Code

**33134**

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

**REGISTERED AGENT MUST SIGN**

Date **9/14/2010**

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
PD	Fernando Vives	2121 Ponce de Leon Blvd. Suite 1050	Coral Gables, FL 33134
VP	Patricia Lopez	2121 Ponce de Leon Blvd. Suite 1050	Coral Gables, FL 33134

10. E-mail Address: **mariae@aegarcia.com**

(To be used for future annual report notification)

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. I further certify, 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:**

**Fernando Vives**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/14/2010**

Date

**305-444-2213**

Daytime Phone #

**FILED**

**10 SEP 24 AM 10:51**

FLORIDA DEPARTMENT OF STATE  
ALLAHASSEE, FLORIDA

**600185830336**  
**09/24/10--01027--002 \*\*900.00**

**09-10**

CR2E081 (6/10)

4. Date Incorporated or Qualified

To Do Business in Florida **06/13/2000**

5. FEI Number

**65-1032730**

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required  
for a Certificate of Status**

**10/24**