


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 13 PM 2:42

DOCUMENT # P00000065081

1. Corporation Name

TRIBUTARIA CORPORATION

2. Principal Office Address - No P.O. Box #
18851 NE 29TH AVENUE

3. Mailing Office Address
18851 NE 29TH AVENUE

Suite, Apt. #, etc.
STE 738

Suite, Apt. #, etc.
STE 738

City & State
AVENTURA, FL

City & State
AVENTURA, FL

Zip Country
33180 US

Zip Country
33180 US

REINSTATEMENT 04-07
CR2E081 (1/07)

4. Date Incorporated or Qualified To Do Business in Florida
07/06/2000

5. FEI Number
651023373

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
MARCOS NETO MACCHIONE

Street Address (P.O. Box Number is Not Acceptable)
19501 W COUNTRY CLUB DR

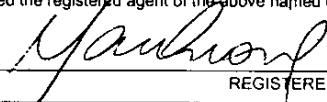
Suite, Apt. #, Etc.
APT 2513

City State Zip Code
AVENTURA FL 33180

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



Date 08/08/2007

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
P	MARCOS NETO MACCHIONE	19501 W COUNTRY CLUB DR APT 2513	AVENTURA, FL 33180
VP	RODRIGO MOLINA	801 BRICKELL KEY BLVD APT 1512	MIAMI, FL 33131

8/8/14

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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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/08/2007

Date

786 787-0414

Daytime Phone #