

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -7 AM 11:43

DOCUMENT # P00000082070

1. Corporation Name

VIPATERRA INC.

Principal Place of Business

520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DRIVE
SUITE 0-305
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

917 PARADISO AVE.
CORAL GABLES-

City & State

FLORIDA

Zip 33146

Country USA

3. New Mailing Office Address, If Applicable

917 PARADISO AVE
CORAL GABLES,

City & State

FLORIDA

Zip 33146

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

08/30/2000

5. FEI Number

65-1127765

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BALESTRA, RUTH S	520 BRICKELL KEY DRIVE SUITE 0-3 917 PARADISO AVE.	MIAMI FL 33131 CORAL GABLES- FL.-33146

300018465723
05/07/03--01104--017 **900.00

8. Name and Address of Current Registered Agent

ROJAS, MARCO E
520 BRICKELL KEY DRIVE
SUITE 0-305
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

VICTOR C. BALESTRA

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

917 PARADISO AVE.

Suite, Apt. #, Etc.

CORAL GABLES- FL.-

City

State

FL

Zip Code

33146

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/30/03

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.

AD

SIGNATURE:

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

Ruth S. Balestra

4/30/03

Date

Daytime Phone #

(305) 662-7758

CR2E040 (8/02)