

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JUN 17 AM 7:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000101111

1. Corporation Name

STOCKCERO, INC.

**REINSTATEMENT**

400020928604  
06/17/03--01047--003 \*\*900.00

2. Principal Office Address

2307 Douglas Rd

Suite, Apt. #, etc.

400

City & State

MIAMI FLA

Zip

33145

Country

USA

3. Mailing Office Address

2307 Douglas Rd

Suite, Apt. #, etc.

400

City & State

MIAMI FLA

Zip

33145

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/00

5. FEI Number

65-1050989

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

OVIES, IDA C

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

2307 Douglas Rd

Suite, Apt. #, Etc.

400

City

MIAMI

State

FL

Zip Code

33145

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

*Ida Ovies*

Date

6/09/03

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
PTD	BRANDAN, JUAN CARLOS E	2307 Douglas Rd Ste 400	Miami Fla 33145
NSD	BERGE, PABLO ARTURO	2307 Douglas Rd Ste 400	Miami Fla 33145
TD	PARADEDA, MARIANO	2307 Douglas Rd Ste 400	Miami Fla 33145

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/08/03

Date

305 447 8801

Daytime Phone #

CR2E081 (10/02)

*gclit*