

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN -3 PM 1:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SOLD CORPORATION

P-00000104251

2. Principal Office Address

2121 PONCE DE LEON BLVD.

3. Mailing Office Address

2121 PONCE DE LEON
BLVD.

Suite, Apt. #, etc.

SUITE 240

Suite, Apt. #, etc.

SUITE 240

City & State

CORAL GABLES, FL.

City & State

CORAL GABLES, FL.

Zip

33134

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1079288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

01-04

7. Name and Address of Current Registered Agent

Name

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 240

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

[Signature]

Date 12-10-04

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
D	LILIA M. DE MIGUEZ	MCAL SUCRE 2099 8VO. B	BUENOS AIRES ARGENTINA
D	MARIA M. MIGUEZ	PACHECO DE MELO 2666 3RA D.	BUENOS AIRES, ARGENTINA
D	MARIA C. MIGUEZ	MCAL SUCRE 2099 8VO. B	BUENOS AIRES , ARGENTINA
D	MARIA E. MIGUEZ	YAPEYU 1980 UNIDAD 6 MARTINEZ	BUENOS AIRES, ARGENTINA

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

12-10-04

Date

3044448333

Daytime Phone #

CR2E081 (01/04)