

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 27 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P0000001079801. Corporation Name
Exmark Corp.2. Principal Office Address
7967 NW 64 Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Fl. 33166

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida 11/20/00

5. FEI Number

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

Pablo R. Bared, Esq., Bared and Associates, PA

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

1500 San Remo Avenue

Suite, Apt. #, Etc.

Suite 177

City

Coral Gables,

State

FL

Zip Code

33146

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. 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/D	Ernesto Cruz Sanchez	Carrera 44 #12A 40 Zona Industrial Bogota	Colombia
S/D	Alonso Hernandez Martinez	Carrera 44 #12A 40	Zona Industrial, Bogota Colombia

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

Ernesto Cruz Sanchez

Date

Daytime Phone #

TOTAL P.03,