

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000113865

1. Corporation Name

BANQUETES PIAMONTE, CORPORATION

Principal Place of Business

Mailing Address

TWO SOUTH BISCAYNE BOULEVARD  
ONE BISCAYNE TOWER, SUITE 2975  
MIAMI FL 33131

TWO SOUTH BISCAYNE BOULEVARD  
ONE BISCAYNE TOWER, SUITE 2975  
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  
Calle 64 entre Av.9z9b

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#9-96

City & State

City & State

Maracaibo

Zip

Country

Venezuela

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/13/2000

5. FEI Number

65-1064618

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
P	NIOVES ALVARADO	Edificio Paramaica #1 Av. 12 con Calle 66A	Maracaibo, Venezuela

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-11/28/01--01012--006  
\*\*\*\*758 75 \*\*\*\*758 75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MACDANIEL, JOHN M ESQ.

TWO SOUTH BISCAYNE BOULEVARD  
ONE BISCAYNE TOWER, SUITE 2975  
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of  
Registered Agent

*Nioves Alvarado*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date 10/20/01

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.

SIGNATURE:

*Nioves Alvarado*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/20/01 (305) 374-0700

CR2E040 (801)