

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 11 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000004657**

1. Corporation Name

AGORA VENTURES FLORIDA, INC.

Principal Place of Business

C/O 1390 BRICKELL AVENUE, SUITE 200
MIAMI FL 33131

Mailing Address

C/O 1390 BRICKELL AVENUE, SUITE 200
MIAMI FL 33131



REINSTATEMENT *02*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1070004

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	MACIEL, CESAR LEANDRO	C/O 1390 BRICKELL AVENUE, SUITE	MIAMI FL 33131
D	LOPEZ, ANDRES NESTOR	C/O 1390 BRICKELL AVENUE, SUITE	MIAMI FL 33131
D	GALO, MIGUEL VERA	C/O 1390 BRICKELL AVENUE, SUITE	MIAMI FL 33131
S	Castillo, Alvaro	1390 Brickell Avenue, #200	Miami, FL 33131

400009472304
12/11/02-01060-020 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CASTILLO, ALVARO B
1390 BRICKELL AVENUE
SUITE 200
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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 12-6-02

REGISTERED AGENT MUST SIGN

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-6-02

Daytime Phone #

(305) 371-3580

CR2E040 (8/02)