

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 22 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000016898

1. Corporation Name

INVERSADI LTDA., INC.

Principal Place of Business

Mailing Address

45 PALERMO AVE
CORAL GABLES FL 33134

45 PALERMO AVE
CORAL GABLES FL 33134

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2001

5. FEI Number

65-0153752

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
D	SALAZAR, DANIEL E	45 PALERMO AVE	CORAL GABLES FL 33134

400024014754
10/22/03--01055--015--**150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RUIZ, HUMBERTO E
2298 N.W. BOCA RATON BLVD STE 18
BOCA RATON FL 33431

Name

Urania Salazar

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

45 Palermo Avenue

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

Urania Salazar

REGISTERED AGENT MUST SIGN

Date

10/13/03

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:

Urania Salazar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/03

Date

(305) 447-0552

Daytime Phone #

CR2ED040 (7/03)

INVERSADI LTDA., INC.

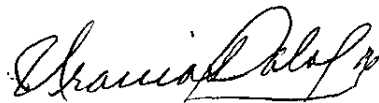
**Department of State
Division of Corporations**
P. O. Box 6327
Tallahassee, FL 32314

We have just received a notice of Administrative Dissolution or Revocation of our Company Inversadi Ltda., Inc. This has come to a surprise to us, for we have not received any other UBR document to file within this year.

Inversadi Ltda., Inc. is requesting a reinstatement because it wants to keep the "active" status. We are sure this has been an error.

Enclosed is a check for the amount of \$150.00 to comply with the UBR fee to file the report.

Sincerely yours,



Urania Salazar
Vice-President

Mp/us