

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 9 AM 8:01

DOCUMENT # 701000024579

1. Corporation Name

FIDM EL BOSQUE CORP

Mailing Address

Principal Place of Business

P.O. BOX 416368
MIAMI BEACH FL 33141-8368

700009417197
12/09/02--01046--008 **158.75

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

3/8/01

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1098070

Not Applicable

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	CARLOS HERNAN RIVAROLA	7829 CARLYLE AVE APT 2	MIAMI BEACH FL 33141

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARLOS HERNAN RIVAROLA
7829 CARLYLE AVE APT #2
MIAMI FL 33141

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

Date

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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]

11/26/02

Date

Daytime Phone #

CR2E040 (6/94)

COPY

March 12, 2002

Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 33214

RE: ANNUAL REPORT/UNIFORM BUSINESS REPORT FORM

Gentlemen:

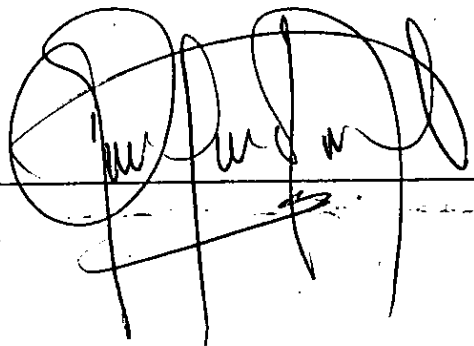
My Company name is F.I.D.M. EL BOSQUE CORP.
and as yet, I have not received the abovementioned form.

I am also sending a check in the amount of \$150.00 to cover
the fee.

Thanks in advance.

P.01000024579

Sincerely,



A large, stylized handwritten signature in black ink, written over a horizontal line. The signature is cursive and appears to be 'F. I. D. M. El Bosque'.

ma