

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000034792

1. Corporation Name

SCHISM CORPORATION

2. Principal Office Address

201 S. Biscayne Boulevard

Suite, Apt. #, etc.

Suite 1500

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

201 S. Biscayne Boulevard

Suite, Apt. #, etc.

Suite 1500

City & State

Miami, FL

Zip

33131

Country

USA

REINSTATEMENT

03-04

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/01

5. FEI Number

65-1097790

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

Corporation Company of Miami

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

201 S. Biscayne Boulevard,

Suite, Apt. #, Etc.

Suite 1500

City

Miami

State

FL

Zip Code

33131

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.

CORPORATION COMPANY OF MIAMI

Signature of
Registered Agent

By:

Raul S. Salas

Raul S. Salas

REGISTERED AGENT MUST SIGN

Vice President

Date

2-5-04

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
PSTD	Khristian Sainz Castro	c/o RJS 201 S. Biscayne Blvd, #1500	Miami, Florida 33131

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:

Khristian Sainz Castro

Khristian Sainz Castro, President

305-358-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-26-04

Daytime Phone #

CR2E081 (1/0/02)