

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 21 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000070623

1. Corporation Name

AMAZONAS H.S. CORP.

Principal Place of Business

Mailing Address

1715 NE 176TH ST
MIAMI FL 33162

1715 NE 176TH ST
MIAMI FL 33162



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

2. New Principal Office Address, If Applicable

820 EUCLID AVENUE

Suite, Apt. #, etc.

SUITE # 301

City & State
MIAMI BEACH FLORIDA

Zip
33139

Country
U.S.

3. New Mailing Office Address, If Applicable

820 EUCLID AVENUE

Suite, Apt. #, etc.

SUITE # 301

City & State
MIAMI BEACH FLORIDA

Zip
33139

Country
U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2001

5. FEI Number

65-1125639

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)

| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
|---------------|---|--|-------------------------|
| D | DE OLIVEIRA, CLAUDIO S | 1441 LINCOLN ROAD SUITE 401 | MIAMI BEACH FL 33139 |
| D | DE OLIVEIRA, MARIA E | 1441 LINCOLN ROAD SUITE 401 | MIAMI BEACH FL 33139 |
| D | DE OLIVEIRA CLAUDIO S | 915 NW 1ST AVENUE #H1509 | MIAMI FL 33136 |
| D | DE OLIVEIRA MARIA E | 915 NW 1ST AVENUE #H1509 | MIAMI FL 33136 |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

DE OLIVEIRA, CLAUDIO S
1441 LINCOLN ROAD SUITE 401
MIAMI BEACH FL 33139

9. Name and Address of New Registered Agent

Name

DE OLIVEIRA, CLAUDIO S

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

915 NW 1ST AVENUE

Suite, Apt. #, Etc.

APT # H1509

City

MIAMI

State

FL

Zip Code

33136

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

REGISTERED AGENT MUST SIGN

Date

10/17/2003

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/2003 - (305) 6952683

Daytime Phone #

CR2040 (7/03)

10/14/03

Florida Department of State
Glenda E. Hood
Secretary of State
Division of Corporations
P.O. Box 6327
Tall. Fl. 32314

Ref: Doc.# P01000070623

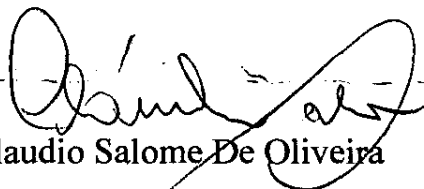
Dear Sirs:

We are submitting the following Application for Reinstatement for Amazonas H.S Corp, 820 Euclid Ave. # 301 Miami, Beach Fl. 33139, with the appropriate filing fee of US\$150.00.

We ask that the reinstatement fee be waived due to the fact that we did not receive any of the two (2) prior UBR notices.

Thank you for your cooperation in this matter,

Sincerely yours,


Claudio Salome De Oliveira

