

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 NOV -1 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000073279

1. Corporation Name

EBRO SERVICES CORPORATION

Principal Place of Business

15317 SOUTH DIXIE HIGHWAY
MIAMI FL

Mailing Address

15317 SOUTH DIXIE HIGHWAY
MIAMI FL 33157

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/25/2001

5. FEI Number

65-1155224

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
DP	DE SOUSA FERNANDEZ, JOSE FRANCI	536 BILTMORE WAY	CORAL GABLES FL 33134
DVP	DA SILVA NOVAL, ACRISIO	536 BILTMORE WAY	CORAL GABLES FL 33134
DS	DO ROSARIO LOURENCO, MARIO	536 BILTMORE WAY	CORAL GABLES FL 33134
DT	SOUSA FERNANDEZ, CARLOS ALBERTO	536 BILTMORE WAY	CORAL GABLES FL 33134
D	DE SOUSA FERNANDEZ, MIGUEL ANGE	536 BILTMORE WAY	CORAL GABLES FL 33134
900008755019 11/01/02--01001--010 **750.00			

8. Name and Address of Current Registered Agent

CUEVAS, ANDREW ESQ.
536 BILTMORE WAY
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

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

Andrew Cuevas
REGISTERED AGENT MUST SIGN

Date 10/24/02

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

10/24/2002 954-8851832

Date

Daytime Phone #