

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

CORPORATION

REINSTATEMENT

Udon

FILED

03 FEB 12 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600012386456
02/12/03--01047--008 **\$300.00

DOCUMENT # R01000112529

1. Corporation Name

ELUMICAX CORP.

2. Principal Office Address

16850 Collins Ave.

3. Mailing Office Address

16850 Collins Ave

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State

Sunny Isles-Fl.

City & State

Sunny Isles-Fl.

Zip

33160

Country

Dade

Zip

33160

Country

Dade

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1155384

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

Mario Szwarc

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

3300 NE 191 Street #601

Suite, Apt. #, Etc.

City

Aventura

State

FL

Zip Code

33180

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.

Signature of
Registered Agent

Date 02-07-03

REGISTERED AGENT MUST SIGN

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
DP	Mario Ricardo Szwarc	3300 NE 191 St. #601	Aventura-Fl. 33180
DS	Laura Bellacar de Szwarc	3300 NE 191 St. #601	Aventura-Fl. 33180
		02-034302	TO

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-07-03
Date

Daytime Phone #

305-931-8557

CR2E081 (9/99)

ELUMICAX CORP.
16850 COLLINS AVE #102
SUNNY ISLES-FLORIDA 33160

February 7, 2003

Florida Department of State

Ref: Elumicax Corp..
Document # P01000112529

I was advised by my new accountant that my corporation was dissolved as of October 4, 2002. We did not receive the Annual report for renewal. Please waive the penalty fee. This is our first year in this country and we were not advised as to the annual fee. I am enclosing \$300.00 for this year and the previous one.

Thank you,

Laura Bellacar de Szwarc