

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01092

1. Corporation Name

HIS EXCELLENCY ENTERPRISES, INC.

Principal Place of Business

PO BOX 1014 - 1000
SAN JOSE, COSTA RICA, 1000

Mailing Address

PO BOX 1014 - 1000
SAN JOSE, COSTA RICA, 1000

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

2. New Principal Office Address, If Applicable

P.O. BOX 1014-1000

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SAN JOSE,

City & State

Zip

1000

Country

COSTA RICA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida	03/02/1984
5. FEI Number	NOT APPLICABLE
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PD	CALZADA, EDUARDO E.	AVENUE 8 STREET 1	SAN JOSE, COSTA RICA
VD	ECHEVERRIA, FLORA	AVENUE 8 STREET 1	SAN JOSE, COSTA RICA
SD	CALZADA, FLORIA E.	AVENUE 8 STREET 1	SAN JOSE, COSTA RICA
			900002051409--8 -01/08/97--01/16--019 ****375.00 ****375.00
			JB1-6-97

8. Name and Address of Current Registered Agent

POLLACK, JAMES F.
328 MINORCA AVE
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

360 GRECO Avenue

Suite, Apt. #, Etc.

SUITE 208

City

Coral Gables, FL

State


FL

Zip Code

33146

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



REGISTERED AGENT MUST SIGN

Date 12/30/96

11. 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.)

12. 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

12/30/96

Daytime Phone #

(011506) 233-1733

CR2ED04 (7/96)