

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ATX1

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -2 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000034637

1. Corporation Name

Plaza Vendome, Inc

2. Principal Office Address

501 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 402

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

501 Brickell Key Dr.

Suite, Apt. #, etc.

Suite 402

City & State

Miami, FL

Zip

33131

Country

USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

3/25/2002

5. FEI Number

330101532

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

Roberto Doumet E.

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

501 Brickell Key Drive

Suite, Apt. #, Etc.

Suite 402

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.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

05/14/2004

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
Director	Juan Doumet A.	520 Brickell Key Dr., Suite 402	Miami, FL 33131
Director	Olga Doumet E.	520 Brickell Key Dr., Suite 402	Miami, FL 33131
Director	Roberto Doumet E.	520 Brickell Key Dr., Suite 402	Miami, FL 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:

Roberto Doumet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05/14/2004

Daytime Phone #

(305) 373 4417