

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

05 FEB 23 AM 11:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000072053**

**1. Corporation Name**

LAS ARAUCARIAS CORPORATION P02000072053

**REINSTATEMENT**

**03-05**

**MRD**

**04/16/03 90191 009 \$150.00**

**2. Principal Office Address**

18851 NE 29TH AVENUE

**3. Mailing Office Address**

18851 NE 29TH AVENUE

Suite, Apt. #, etc.

SUITE 900

Suite, Apt. #, etc.

SUITE 900

City & State

AVENTURA, FL

City & State

AVENTURA, FL

Zip

33180

Country

U.S.A.

Zip

33180

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

7/01/2002

**5. FEI Number**

NONE 30-0180277

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

MARK E. ROUSSO, ESQ.

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

18851 N.E. 29TH AVENUE

Suite, Apt. #, Etc.

SUITE 900

City

AVENTURA

State

FL

Zip Code

33180

**100047925101**

**03/08/05--01019--019 \*\*908 75**

**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 **2/10/2005**

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
D	PATRICIO VALENZUELA	18851 NE 29TH AVENUE, # 900	AVENTURA, FL 33180

**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

Date

Daytime Phone #

CR2E081 (01/05)