

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000110122

1. Entity Name

REMMOS INTERNATIONAL CORPORATION



FILED

05 OCT 31 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

Mailing Address

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10032005

REIN-P

CR2E098 (6/04)

4. FEI Number

74-3066148

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBORNOZ, WILLIAM H ESO.
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

Date

10/27/05

FILE NOW!!! FEE IS \$750.00

After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
	D	SPEISSEGGER, GUSTAVO S	901 PONCE DE LEON BLVD., SUITE 603 CORAL GABLES, FL 33134	

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo Speissegger

10/10/05

(305) 444-1741

Daytime Phone