

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000115062

1. Corporation Name

SUBCONTRATA INTERNATIONAL CORPORATION

2. Principal Office Address  
129 SE 4TH STREET

Suite, Apt. #, etc.  
# 2

City & State  
HALLANDALE BEACH, FLORIDA

Zip Country  
33009 USA

3. Mailing Office Address  
129 SE 4TH STREET

Suite, Apt. #, etc.  
# 2

City & State  
HALLANDALE BEACH, FLORIDA

Zip Country  
33009

REINSTATEMENT 07-09

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
05-0542335

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  
WALTER NALVARTE

Street Address (P.O. Box Number is Not Acceptable)  
129 SE 4TH STREET

Suite, Apt. #, Etc.  
# 2

City  
MIAMI

State Zip Code  
FL 33009

200032611292  
04/13/04--01061--003 \*\*150 00

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date 04/07/2004

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
PST-D	WALTER NALVARTE	129 SE 4TH STREET, # 2	MIAMI, FL 33009

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/04  
Date

954-558-6510  
Daytime Phone #

CR2E081 (01/04)

Miami, August 13, 2003

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Re: SUBCONTRATA INTERNATIONAL CORPORATION  
Doc Number P02000115062

Dear Sir or Madam:

Please find enclosed an application for reinstatement with our new address.

We have never received the 2003 Uniform Business Report. We think it was sent to a different location.

We are enclosing a check for \$150 to cover the following fees:

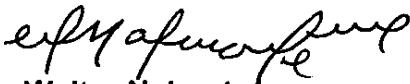
2004 Uniform Business Report

We are enclosing also copy of check # 139 for the amount of \$150.00 for the Uniform Business Report for 2003 already retain by your department.

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002.

Your consideration will be greatly appreciated.

Sincerely,



Walter Nalvarte  
President  
29 SE 4<sup>th</sup> Street  
Hallandale Beach, FL 33009