

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 22 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000124225

1. Corporation Name

AMNIA INVESTMENT INC.

Principal Place of Business

Mailing Address

C/O ARVESU URDANETA CALZADILLA & PEREZ-BUR  
ELLI 888 BRICKELL AVE 5 FLR  
MIAMI FL 33131

C/O ARVESU URDANETA CALZADILLA & PEREZ-BUR  
ELLI 888 BRICKELL AVE 5 FLR  
MIAMI FL 33131

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/21/2002

5. FEI Number

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CHACIN DE LANDER, AMNIA	888 BRICKELL AVE 5 FLR	MIAMI FL 33131
D	LANDER, MANUEL F	888 BRICKELL AVE 5 FLR	MIAMI FL 33131
D	LANDER, CARLOS A	888 BRICKELL AVE 5 FLR	MIAMI FL 33131
D	DE TORRES, MARIAS A	888 BRICKELL AVE 5 FLR	MIAMI FL 33131
D	DE VILLUENDAS, ANNIA	888 BRICKELL AVE 5 FLR	MIAMI FL 33131

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

URDANETA, JUAN V  
888 BRICKELL AVE 5 FLR  
MIAMI FL 33131

Name  
Jorge Alvarez - Priego  
Street Address (P.O. Box Number is Not Acceptable)  
888 Brickell Avenue  
Suite, Apt. #, Etc.  
5th Floor  
City  
Miami  
State  
FL  
Zip Code  
33131

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/20/03

11. 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 #

10/20/03 (205) 358-0028

CR2E040 (7/03)