H040001330523

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 JUL 14 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000124916

1. Corporation Name
ARGENTINA DESIGN, INC.

701 BRICKELL KEY BLVD
701 BRICKELL KEY BLVD

REINSTATEMENT 03-04 MRS

2. Principal Office Address	3. Mailing Office Address
701 BRICKELL KEY BLVD	701 BRICKELL KEY BLVD
Suite, Apt. #, etc.: 606	Suite, Apt. #, etc.: 606
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33131-2678 Country: USA	Zip: 33131-2678 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/22/2002

5. FEI Number: 42-1565055 ☐ 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: LANCE GELLER, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 1680 MICHIGAN AVE

Suite, Apt. #, Etc.: 700

City: MIAMI BEACH State: FL Zip Code: 33139

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: Lance Geller Date: 7-14-04
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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,P,S	MARIA McGHEE	701 BRICKELL KEY BLVD. APT 606	MIAMI, FL 33131-2678

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: Maria McGhee 7/14/04 305-377-0528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : RICARDO BAJANDAS, P.A.
Account Number : 110263002111
Phone : (305)377-0809
Fax Number : (305)377-0817

CORPORATION REINSTATEMENT

ARGENTINA DESIGN, INC.

Certificate of Status	0
Certified Copy	0
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