

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 SEP 27 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400008171364--2
-10/03/02--01021--001
***1050.00 ***1050.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02652**

1. Corporation Name

SIRKIN FINANCING, INC.

2. Principal Office Address

901 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 501

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

901 Ponce De Leon Blvd.

Suite, Apt. #, etc.

Suite 501

City & State

Coral Gables, FL

Zip

33134

Country

USA

REINSTATEMENT

2000-2002

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

July 10, 1984

5. FEI Number

52-1245023

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

Andres J. Iriondo

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

901 Ponce De Leon Blvd.

Suite, Apt. #, Etc.

Suite 501

City

Coral Gables

State

FL

Zip Code

33134

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

Andres J. Iriondo
REGISTERED AGENT MUST SIGN

Date

9/10/02

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 |
|--------|--------------------------------------|---|--|
| PD | Catalina Benko | Edificio Priamide, Piso 2 | Off. 203-Parqu, Humbolt, CA Ven. - 1080 |
| VSD | Longinotti Beckhoff | Edificio Priamide, Piso 2 | Off. 203-Parqu, Humbolt, CA Ven. - 1080 |
| DS | Enrique Beckhoff | Edificio Priamide, Piso 2 | Off. 203-Parqu, Humbolt, CA Ven. - 1080 |
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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

Andres J. Iriondo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/02
Date

Daytime Phone #

CR2E081 (9/01)

Lexis Nexis Document
 Requestor's Name Solution S
1300 Executive Center
 Address
Tallahassee FL 32301
 City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Sirkin Financing Inc
 (Corporation Name) (Document #)
2. _____
 (Corporation Name) (Document #)
3. _____
 (Corporation Name) (Document #)
4. _____
 (Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☒ Photocopy ☐ Certificate of Status

| NEW FILINGS | |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|-------------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input checked="" type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |