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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P03000038839			
1. Corporation Name GASOLIN 2815, INC.			
2. Principal Office Address 1200 Brickell Avenue Suite 900 Miami, Florida 33131 USA		3. Mailing Office Address Zip Country	

REINSTATEMENT

CR2E081 (12/05)

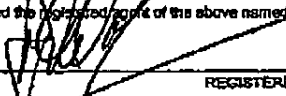
NOT FOR FILING IN FLORIDA

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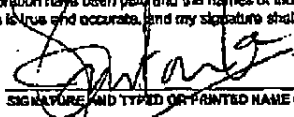
FILED

4. Date Incorporated or Qualified To Do Business in Florida April 7, 2003	
5. FEEL Number 20-2531436	Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name AGI Registered Agents, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 1200 Brickell Avenue	
Suite, Apt. #, etc. Suite 900	
City Miami	State FL
Zip Code 33131	

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.	
Signature of Registered Agent 	Date 9/18/06
REGISTERED AGENT MUST SIGN	

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
DPST	Gaston Gaudio	DeMaria 4723, DTO 10-06	1425 Buenos Aires, Argentina

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 contained in Chapter 119, 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: 	9/18/06	305-416-6820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

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B. Mitchell SEP 19 2006

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Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

GASOLIN 2815, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00