

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 AUG -9 AM 11:03

DOCUMENT # **P04000027842**

1. Corporation Name

**INVERRARY INTERNATIONAL
HOTEL INC**

800183689878
08/09/10--01057--003 **300.00

KS

2. Principal Office Address - No P.O. Box #

3501 INVERRARY BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

3501 INVERRARY BLVD

Suite, Apt. #, etc.

City & State

LAUDERTHILL FL

City & State

LAUDERTHILL FL

Zip

33319

Country

USA

Zip

33319

Country

USA

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/11/2004

5. FEI Number

34-2014623

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

ARVIND YADAV

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

3501 INVERRARY BLVD

Suite, Apt. #, Etc.

City

LAUDERTHILL

State

FL

Zip Code

33319

800183689878
07/26/10--01050--009 **750.00

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

REGISTERED AGENT MUST SIGN

Date **7/27/10**

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
Pres	Juan Jose Rohwedder	3501 INVERRARY BLVD	LAUDERTHILL, FL 33319
VPres	ARVIND YADAV	3501 INVERRARY BLVD	LAUDERTHILL, FL 33319
Sec	ALBAHES, S.A. DE C.V.	3501 INVERRARY BLVD	LAUDERTHILL, FL 33319

REINSTATEMENT 08-10

10. E-mail Address: **INVERRARYHOTEL@hotmail.com**

(To be used for future annual report notification)

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. I further certify, 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

07/27/10

Date

Daytime Phone #