

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 JAN 11 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000095001

1. Corporation Name

PROPEMAR INC

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

1810 NW 96TH AVE

Suite, Apt. #, etc

3. Mailing Office Address

1810 NW 96TH AVE

Suite, Apt. #, etc

City &amp; State

DORAL, FL

City &amp; State

DORAL, FL

Zip

33172

Country

U.S.

Zip

33172

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

07/19/2006

5. FEI Number

26-0855453

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

JORGE DIAZ

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

1810 NW 96TH AVE

Suite, Apt. #, Etc.

City

DORAL

State

FL

Zip Code

33172

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

01-06-10

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
P	JORGE DIAZ	1810 NW 96TH AVE	DORAL, FL 33172
VP	ISABELLA BONILLA	1810 NW 96TH AVE	DORAL, FL 33172

REINSTATEMENT

RH

10. E-mail Address: jdiaz@propemar.com.ec

(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

JORGE DIAZ - PRESIDENT

Date

01-06-10

Daytime Phone #