

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 SEP -6 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 08000045703

1. Corporation Name

OMA SUD US, INC.

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

5600 NW 36 STREET

3. Mailing Office Address

5600 NW 36 STREET

Suite, Apt. #, etc.

SUITE 503

Suite, Apt. #, etc.

SUITE 503

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/6/2008

5. FEI Number

75-3269608

☐ 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

BRUNO SARTORI

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

255 OCEANIC AVENUE

Suite, Apt. #, Etc.

City

LAUDERDALE BY THE SEA

State

FL

Zip Code

33308

300239323273
09/06/12--01032--017 **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

Bruno Sartori

REGISTERED AGENT MUST SIGN

Date 9/11/2012

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	VALTER PROIETTI	5600 NW 56 ST, #503	MIAMI, FL. 33166

RECEIVED

12

SEP 06 2012

T. SCOTT

10. E-mail Address: SARTORI@SARTORIUSA.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Valter Proietti
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-1-2012 454-309-1109