PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 JAN 29 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12035

1. Corporation Name

HARAS SANTA MARIA DE ARARAS, S.A.

Principal Place of Business	Mailing Address
10599 N.W. 95th Street Ocala, FL 32675	551 Fifth Avenue, #417 New York, NY 10176

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 11/06/86

5. FEI Number: 13-3317148 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $87.50 Additional Fee Required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	JULIO RAFAEL DE ARAGAO BOZANO	AVENIDA RIO BRANCO NO. 138, 3o. ANDAR	RIO DE JANEIRO, RJ, BRAZIL, CEP 20057
VD	PATRICIA G. BOZANO	140 PARSONAGE ROAD	GREENWICH, CT 06830
V	IGNACIO PAVLOVSKY	POSADAS 1359, 10PISO, B	BUENOS AIRES, ARGENTINA CP 1112
V	EDUARDO F. LOPEZ	551 FIFTH AVENUE, #417	NEW YORK, N.Y. 10176
ST	LUIS ALFREDO ROMERO	551 Fifth Avenue, #417	NEW YORK, N.Y. 10176

8. Name and Address of Current Registered Agent

IGNACIO L. LEON
HARAS SANTA MARIA DE ARARAS, S.A.
10599 N.W. 95TH STREET
OCALA, FL 32675

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. # Etc.

City — State: FL — Zip Code

700100276367--5
-02/09/99--01067--020
*****87.50 *****87.50

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X IGNACIO L. LEON REGISTERED AGENT MUST SIGN — Date: 01/28/99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: X EDUARDO F. LOPEZ, VICE PRESIDENT — 1/27/99 — 212-661-3691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #