

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P29818

1. Corporation Name

CHILEAN LINE, INC.

Principal Place of Business

99 WOOD AVE. SOUTH
NEW JERSEY NJ 08830

Mailing Address

99 WOOD AVE. SOUTH
NEW JERSEY NJ 08830

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/19/1990

5. FEI Number

13-5537848

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	CAMERO, ALBERTO	99 WOOD AVE. SOUTH	ISELIN NJ 08830
VPD	GUZMAN, GERARDO	99 WOOD AVE. SOUTH	ISELIN NJ 08830
VSTD	VARELA, GUSTAVO	99 WOOD AVE S	ISELIN NJ 08830
D	LUZZATTO, ERNESTO V	5 HANOVER SQUARE	NEW YORK NY 10004
D	WALSH, MICHAEL J	5 HANOVER SQUARE	NEW YORK NY 10004
900003033009--7 -11/02/99--01096--009 ****750.00 ****750.00			

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Vicky Goldstein
VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 10/20/99

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gustavo Varela
GUSTAVO VARELA

10/15/99 (732) 6352628
Date Daytime Phone #

CR25340 (8/99)