

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 14 PM 4:12

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000016963

1. Corporation Name

OVERSEAS PROJECT, INC.

c/o 999 PONCE DE LEON BLVD

W05000007786

REINSTATEMENT 03-05

2. Principal Office Address

c/o 999 PONCE DE LEON BLVD

3. Mailing Office Address

c/o 999 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 1100

Suite, Apt. #, etc.

SUITE 1100

City & State

CORAL GABLES, FL

City & State

CORAL GABLES, FL

Zip
33134

Country
MIAMI DADE

Zip
33134

Country
MIAMI DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0418785

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

ROBERT RABIN

Street Address (P.O. Box Number is Not Acceptable)
7700 NORTH KENDALL DRIVE

Suite, Apt. #, Etc.
SUITE 509

City
MIAMI

State
FL

Zip Code
33156

500037671545
02716/05--01031--002 **150.00

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

X

REGISTERED AGENT MUST SIGN

Date

2/7/05

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 |
|--------|--------------------------------------|---|------------------------|
| PSVP | RESTREPO, BEATRIZ | 999 PONCE DE LEON BLVD #1100 | CORAL GABLES, FL 33134 |
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10. 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:

Beatriz Restrepo

6-01-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Beatriz Restrepo

3-10-05

CR2001 (01/04)