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APPROVED AND FILED

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APPLICATION FOR REINSTATEMENT FOR 1997

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

97 NOV 14 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: *Department of State*

1. Name and Mailing Address of Corporation: DOCUMENT # P93000027406

VINCENTINA PARTNERS, INC.
3576 Matheson Avenue
Coconut Grove, FL 33133

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address
7942 Fisher Island

City and State
Miami, Florida

Zip Code
33109

3. Date Incorporated or Qualified To Do Business in Florida: April 13, 1993

4. FEI Number: 65-0413361

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

Title 1	Names of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City and State 4
D	Perry Popkin	7942 Fisher Island	Miami, Florida 33109

REINSTATEMENT 97

800002350588--8
-11/18/97--01058--017
****750.00 ****750.00

BB 11/17

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☑ No
For intangible tax information call Department of Revenue 904-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

Perry V. Popkin
3576 Matheson Avenue
Coconut Grove, Florida 33133

7. Name and Address of New Registered Agent

Name
Ronald R. Fieldstone

Street Address (Do NOT Use P.O. Box Number)
200 South Biscayne Boulevard

Street Address (Do NOT Use P.O. Box Number)
Suite 2100

City and State
Miami FL.

Zip Code
33131

8. 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

REGISTERED AGENT MUST SIGN

Date 11/4/97

9. 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. 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 of Officer or Director

Date 11/4/97

Phone # (305) 672-8548

Typed or printed name of signing officer or director: Perry Popkin, Director

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☐

$8.75 Additional Fee required for a Certificate of Status