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APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H98000004324 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P94000004190

1. Corporation Name

CMA International Investments Corp.

Principal Place of Business

Mailing Address

7551 N.W. 77 Terrace
Medley, FL. 33166

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

4. Date Incorporated or Qualified
To Do Business in Florida January 19, 1994

5. S. Apt. B, etc.

6. S. Apt. B, etc.

5. FRI Number
65-0472237

Applied For
Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

2075: Record must be maintained
for a period of 10 years.

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

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President	Carlos Almeida	1850 Hibiscus Dr.	North Miami, FL. 33181

REINSTATEMENT '96-98

SCC 3-4-98

a. Name and Address of Current Registered Agent

b. Name and Address of New Registered Agent

Carlos M. Aleida
1850 Hibiscus Dr.
North Miami, FL. 33181

Name

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

Suite, Apt. F, etc.

City

State

FL

Zip Code

10. I, being assumed 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 2/26/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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, 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Prepared by: Carlos M. Aleida, 1850 Hibiscus Dr. North Miami, FL 33181

(305) 593-2644

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3/04/98

FLORIDA DIVISION OF CORPORATIONS
PUBLIC ACCESS SYSTEM
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TO: DIVISION OF CORPORATIONS

FAX #: (850)922-4000

FROM: FAS-T CORP. AGENTS, INC.
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839

ACCT#: 071001002335

FAX #: (305)716-0346

NAME: CMA INTERNATIONAL INVESTMENTS CORP.

AUDIT NUMBER.....H98000004324

DOC TYPE.....CORPORATION REINSTATEMENT

CERT. OF STATUS..1

PAGES..... 1

CERT. COPIES.....0

DEL.METHOD.. FAX

EST.CHARGE.. \$1,088.75

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AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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