APPLICATION FOR REINSTATEMENT

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

FILED
97 OCT 31 PM 12:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000052544

1. Corporation Name

VICA # 1 CORPORATION

Principal Place of Business / Mailing Address
61 GRAND CANAL DRIVE, SUITE 201
MIAMI, FLORIDA 33144

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

REINSTATEMENT 97 00

2. New Principal Office Address, If Applicable: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Mailing Office Address, If Applicable: SAME AS ABOVE
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: July 1994

5. FEI Number: 65-0611380 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] — $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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES	PEDRO CANALES VILLAR	61 GRAND CANAL DR. STE 201	MIAMI, FL 33144
SEC?DIR	MARIA CASTRO	61 GRAND CANAL DR. STE 201	MIAMI, FL 33144

500002337735--6
11/04/97--01064--004
****208.75 ****208.75

500002337735--6
11/04/97--01064--005
****550.00 ****550.00

8. Name and Address of Current Registered Agent

MARIA CASTRO 61 GRAND CANAL DR. STE 201
MIAMI, FL 33144

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 hereby 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: Maria C. Castro — Secretary — Date: 10-27-97
REGISTERED AGENT MUST SIGN

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 of 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: Maria C. Castro — Secretary — 10-27-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #