

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 JAN -2 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000059574

1. Corporation Name

SERVICIOS Y REPRESENTACIONES INTERNACIONALES CO
RP.

Principal Place of Business

425 SE 11TH ST
APT 1
MIAMI FL 33130
US

Mailing Address

425 SW 11TH ST
APT 1
MIAMI FL 33130
US

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

2. New Principal Office Address, If Applicable

401 S.W. 11TH ST.
Suite, Apt. #, etc.
MIAMI FL.
City & State

3. New Mailing Office Address, If Applicable

401 S.W. 11TH ST.
Suite, Apt. #, etc.
MIAMI FL.
City & State

Zip 33130

Country U.S.

Zip 33130

Country U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

08/12/1994

5. FEI Number

65-0512012

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	ANDRADE, ODILON	425 SW 11TH ST APT 1 401 S.W. 11TH ST.	MIAMI FL 33130.

800002051878--S
-01/09/97--01015--017
****375.00 ****375.00

JB1-3-97

8. Name and Address of Current Registered Agent

BITTERMAN, ANN
BAL HARBOUR SQUARE STE 203
10250 COLLINS AVE
BAL HARBOUR FL 33154

9. Name and Address of New Registered Agent

Name ODILON ANDRADE
Street Address (P.O. Box Number is Not Acceptable)
401 S.W. 11TH ST.
Suite, Apt. #, Etc.
MIAMI
City

State
FL

Zip Code
33130

10. 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

[Signature]

REGISTERED AGENT MUST SIGN

Date DEC. 28/96

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 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

ODILON ANDRADE

Date

Daytime Phone #

12/28/96