

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

00 MAY 23 AM 9:56

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P94000088904**

1. Corporation Name  
**INVERSIONES F. S., CORPORATION**

Principal Place of Business Mailing Address  
**8600 N.W. 64th STREET # 3**  
**MIAMI, FL 33166**

**REINSTATEMENT**

*Handwritten initials*

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/18/1994	
City & State		City & State		5. FEI Number	
Zip		Zip		650538251	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P/D	GIAN FRANCO SOLARINO	8600 N.W 64th STREET # 3	MIAMI, FLORIDA 33166
			800003273308--3 -06/01/00--01049--006 ****900.00 ****900.00
			LS

8. Name and Address of Current Registered Agent

**GIAN FRANCO SOLARINO**  
**8600 N.W. 64th STREET # 3**  
**MIAMI, FLORIDA 33166**

9. Name and Address of New Registered Agent

Name  
**EDUARDO CANTEKA, ESQUIE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1762 CORAL WAY**  
 Suite, Apt. #, Etc.  
 City  
**MIAMI**  
 State  
**FL**  
 Zip Code  
**33145**

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

*Handwritten signature of Gian Franco Solarino*

REGISTERED AGENT MUST SIGN

Date **5/22/00**

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

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

*Handwritten signature of Eduardo Canteka Esquie*

Date

Daytime Phone #

**(954) 450-3280**

CR2E081 (12/98)