

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **P95000030995**

1. Corporation Name

RONITA INVESTMENTS, INC., A Florida Corporation

Mailing Address

Principal Place of Business

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

2. New Mailing Address, If Applicable
**20 MARSELA BLANDON
PRUDENTIAL SECURITIES**

3. New Principal Office Address, If Applicable
400 S. POINTE DRIVE

Suite, Apt. #, etc.
200 So. BISCAYNE BLVD. #3200

Suite, Apt. #, etc.
803

City & State
MIA, FL

City & State
MIAMI BEACH, FL

Zip
33131

Zip
33139

Country
USA

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida
APRIL 20th, 1995

5. FEI Number
65-0591568

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT **96+97**
mwB

DO NOT WRITE IN THIS SPACE

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
P.S.D	IRENE VON DELLINGSHAUSEN	AV. EPITACIO PESSOA.100 Apt # 401	RIO DE JANEIRO BRAZIL
VPT,D	CLAUDIA SINGERY FERRAZ	AV. EPITACIO PESSOA.100 Apt # 401	RIODEJANEIRO BRAZIL
			100002085151--4 -02/12/97--01064--013 ****183.75 ****183.75
			100002085151--4 -02/12/97--01064--014 ****365.00 ****365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
M. CRISTINA DEL-VALE
Street Address (P.O. Box Number is Not Acceptable)
801 BRICKSOL AVENUE
Suite, Apt. #, Etc.
Suite # 1901
City
MIA

State
FL

Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date **2/6/97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/97 - 305 374 7700

CR2E040 (6/94)