

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED
97 OCT 22 AM 11:34
SECRETARY OF STATE
FLORIDA

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT #**

P95000061880

**TOUCH MIAMI, INC.
100 Almeria
Suite 360
Coral Gables, FL 33134**

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address

REINSTATEMENT *97*

3. If Principle Office Address is different from mailing address, enter address below:

Address

City and State

Zip Code

4. Date Incorporated or Qualified
To Do Business in Florida
08/10/95

5. FEI Number
65-0681224

FEI Number Applied For
FEI Number Not Applicable

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

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
D/P	Oswaldo Carrillo	155 Ocean Lane Dr., #200	Key Biscayne, FL 33149
VP/S	Carlos E. Lucksinger	170 Ocean Lane Dr., #706	Key Biscayne, FL 33149

100002327831--9
-10/23/97--01050--006
******750.00 ****750.00**

10-22-97

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

**Juan P. Loumiet
1221 Brickell Avenue
Suite 2400
Miami, Florida 33131**

9. If changed, new registered agent / office

Name

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City

State

Zip

FL.

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

Juan P. Loumiet

REGISTERED AGENT MUST SIGN

Date **October 21, 1997**

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 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 of
Officer or Director

Oswaldo Carrillo

Date **10/21, 1997**

Daytime Phone # **305/ 569-0500**

Typed or printed name of signing officer or director **Oswaldo Carrillo, President**

CR20040 (8/92)