H98000002048

APPROVED
AND
FILED

(1)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # P95000087272 (7)

SUPER TEQUENOS USA, INC.
999 Ponce de Leon Blvd., Suite 1015
Coral Gables, FL 33134

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

Address

City and State Zip Code

3. If Principal Street 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
11/14/1995

5. FEI Number
65-0540909

FEI Number Applied For

FEI Number Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name 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 3 | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Number) 2 | City / State / Zip 4 |
|---|---|---|---|
| D | Fantozzi, Felice | 999 Ponce de Leon Blvd. Suite 1015 | Coral Gables, FL 33134 |
| D | Fantozzi, Antonio | 999 Ponce de Leon Blvd. Suite 1015 | Coral Gables, FL 33134 |
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REINSTATEMENT '97-98

SCC 1-30-98

8. Name and Address of Current Registered Agent

Juan Vicente Urdaneta
999 Ponce de Leon Blvd., Suite 1015
Coral Gables, FL 33134

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: FL | Zip

10. I hereby accept the appointment as registered agent of the above stated corporation, familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent (REGISTERED AGENT MUST SIGN) Date 01/29/98

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 of the corporation 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 account for dissolution has been terminated, 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 Date 01/29/98 Daytime Phone # (305) 444-6669

Typed or printed name of signing officer or director Felice Fantozzi

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# P95000087272

(2)

TEX80X98 FLORIDA DIVISION OF CORPORATIONS 8:40 AM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET

(((H98000002048 0)))

TO: DIVISION OF CORPORATIONS FAX #: (850)922-4000

FROM: FILINGS, INC. ACCT#: 072720000101
CONTACT: TERESA ROMAN PHONE: (904)385-6735 FAX #: (904)561-1025

NAME: SUPER TEQUENOS USA, INC. AUDIT NUMBER.....H98000002048 DOC TYPE.....CORPORATION REINSTATEMENT CERT. OF STATUS..1 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX EST.CHARGE.. $923.75 NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

** ENTER 'M' FOR MENU. **

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