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 NOV 14 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000028915**

1. Corporation Name
INTERVALORES, U.S.A., INC.

Principal Place of Business	Mailing Address
~~BARNETT TOWER STE 1600~~ ~~701 BRICKELL AVENUE~~ 717 Ponce De Leon Blvd ~~MIAMI FL 33131-2827~~ #310 Coral Gables, Fl 33134	BARNETT TOWER STE 1600 701 BRICKELL AVENUE 717 Ponce De Leon Blvd. MIAMI FL 33131-2827 #310 Coral Gables, Fl 33134

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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
717 Ponce De Leon Blvd.	SAME
Suite, Apt. #, etc. #310	Suite, Apt. #, etc.
City & State CORAL GABLES FL.	City & State
Zip 33134 Country DADE	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/27/1996

5. FEI Number: APP ☐ 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)

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
Pres	Luis Alejandro Pulgar Corao	717 Ponce de Leon Blvd. #310	Coral Gables, Fl. 33134
V. Pres	Luis Garcia Montoya	717 Ponce de Leon Blvd. #310	Coral Gables, Fl. 33134
Trea.	Juan Andres Wallis	717 Ponce de Leon Blvd. #310	Coral Gables, Fl. 33134
Sec.	Elizabeth Ellwanger	717 Ponce de Leon blvd. #310	Coral Gables, Fl. 33134

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****750.00 ****750.00

8. Name and Address of Current Registered Agent

~~HUME, CHARLES L~~
~~BARNETT TOWER STE 1600~~
~~701 BRICKELL AVENUE~~
~~MIAMI FL 33131-2827~~

9. Name and Address of New Registered Agent

Name: LINDSAY DUNKLEY
Street Address (P.O. Box Number is Not Acceptable): 717 Ponce De Leon Blvd. #
Suite, Apt. #, Etc.: #310
City: Coral Gables State: FL Zip Code: 33134

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: _____ Date: 11/04/97
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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: _____ LINDSAY DUNKLEY 11/4/97 (305)461-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (8/97)