

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 11 PM 6:56

DOCUMENT # **P96000034574**

1. Corporation Name

TERREMARK CENTRE, INC.

2. Principal Office Address

c/o Private Trust Corp.

3. Mailing Office Address

c/o Karp & Genauer, P.A.

Suite, Apt. #, etc.

**P.O. Box N-65,
Charlotte St., Nassau**

City & State

Nassau, Bahamas

Zip

Country

Bahamas

Suite, Apt. #, etc.

2 Alhambra Plaza, Ste. 1202

City & State

Coral Gables, FL

Zip

33134

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

4/19/96

5. FEI Number

650675916

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

Alhambra Registered Agents, Inc.

Street Address (P.O. Box Number is Not Acceptable)

22 Alhambra Plaza, Suite 1202

Suite, Apt. #, Etc.

Suite 1202

City

Coral Gables

State

FL

Zip Code

33134

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

ALHAMBRA REGISTERED AGENTS, INC.

Signature of
Registered Agent

Joel J. Karp, President

Date **10/10/00**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Peter B. Evans	P.O. Box N-65, Charlotte House Charlotte Street	Nassau, Bahamas
DV	Adrian Crosbie-Jones	P.O. Box N-65, Charlotte House Charlotte Street	Nassau, Bahamas
DST	Roger Carpenter	P.O. Box N-65, Charlotte House Charlotte Street	Nassau, Bahamas
			AD

10. 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.

TERREMARK CENTRE, INC.

SIGNATURE: By:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Carpenter, Secretary, Treas., Director

06-10-00

Date

(242) 323-8574

Daytime Phone #