

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

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DOCUMENT #

P96000054288

1. Corporation Name

Selva USA, INC

2. Principal Office Address

2999 NE 191ST ST PH2

Suite, Apt. #, etc.

PH2

City & State

Aventura, FL

Zip

33180

Country

USA

3. Mailing Office Address

2999 NE 191 ST

Suite, Apt. #, etc.

PH2

City & State

Aventura, FL

Zip

33180

Country

USA

REINSTATEMENT 08

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1998

5. FEI Number

65-0682976

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Belara Grontevnik

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

2999 NE 191 ST

Suite, Apt. #, Etc.

PH2

City

Aventura, FL

500003491105-2

-12/07/00--01076--025

****750.00 ****750.00

State

FL

Zip Code

33180

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.

Signature of
Registered Agent

Date

11/17/00

REGISTERED AGENT MUST SIGN

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
1D	Alberto Peisach	2999 NE 191 ST	Aventura, FL 33180
D	Henri Levi	2999 NE 191 ST	Aventura, FL 33180

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/17/00

Daytime Phone #

CR2E081 (9/99)