


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF STATE

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DOCUMENT # **P96000095724**

1. Corporation Name

EMONCI XAT EERF, INC.

Principal Place of Business

**501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131**

Mailing Address

**48 EAST FLAGLER STREET
MIAMI FL 33131
US**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

11/22/1996

5. FEI Number

65-0711452

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 | 4 City / State / Zip |
|---------------|--|---|-------------------------|
| PD | SANCHEZ, NORMA C | 9133 S.W. 6TH STREET | MIAMI FL 33176 |
| SD | CAMPILLO, ANDRES A | 501 BRICKELL KEY DRIVE, SUITE 30 | MIAMI FL 33131 |
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12/12/00 01025-029
****750.00 ****750.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**AGUDO, MARCELO M ESQ.
501 BRICKELL KEY DRIVE
SUITE 300
MIAMI FL 33131**

Name

NORMA SANCHEZ

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

9133 S.W. 6TH ST

Suite, Apt. #, Etc.

MIAMI

City

State

Zip Code

FL

33174

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

[Handwritten signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/14/00

11. 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:

[Handwritten signature]
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/00

Daytime Phone #

305-3744100