

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB -2 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000097978

1. Corporation Name

AGUVIK CORPORATION

2. Principal Office Address

240 GALEN DR.

Suite, Apt. #, etc.

SUITE 106

City & State

KEY BISCAIYNE, FL

Zip

33149

Country

U.S.A.

3. Mailing Office Address

201 ALHAMBRA CIRCLE

Suite, Apt. #, etc.

SUITE 901

City & State

CORAL GABLES, FL.

Zip

33134

Country

U.S.A.

REINSTATEMENT

83-04

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

12/4/96

5. FEI Number

65-0726478

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

LEONARDO D. GRAVIER, CPA

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

201 ALHAMBRA CIRCLE

Suite, Apt. #, Etc.

SUITE 901

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.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

1/21/04

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
D	ENRIQUE ADOLFO SANGUINETTI	ARAOZ 2060 C.P. (1425)	BUENOS AIRES, ARGENTINA

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

Daytime Phone #

ENRIQUE SANGUINETTI 1/21/04 (305)446-3177

CR2E081 (10/02)