

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000099126

1. Corporation Name

EDIMAT USA, INC.

Principal Place of Business

7500 NW 41 St
#104
Miami, Fl. 33178

Mailing Address

3116 NW 100 Ct.
Miami, Florida 33172

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

REINSTATEMENT 98-99
4. Date Incorporated or Qualified
To Do Business in Florida Dec. 9, 1996

5. FEI Number

65-0734151

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
P	Irama Gonzalez	3116 NW 100 Ct.	Miami, Fl. 33172
VP	Julio Gonzalez	3116 NW 100 Ct.	Miami, Fl. 33172
S/T	Miguel Garcia	3116 NW 100 Ct.	Miami, Fl. 33172

600003024396--2

10/25/99 01130 013

***908.75 ***908.75

10/16

8. Name and Address of Current Registered Agent

Julio Gonzalez
8981 SW 142 Ave. #1212
Miami, Florida 33186

9. Name and Address of New Registered Agent

Name

Irama Gonzalez

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

3116 NW 100 Ct.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

Irama Gonzalez

REGISTERED AGENT MUST SIGN

Date

09/24/99

11. This corporation owes 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

Irama Gonzalez

Irama Gonzalez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/24/99

Date

305.529.9098

Daytime Phone #