

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR -2 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000005879

1. Corporation Name

Informatica Corp.

2. Principal Office Address

12909 NW 11 terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33182

Country

Dade

3. Mailing Office Address

12909 NW 11 terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33182

Country

Dade

REINSTATEMENT 03-04

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

01/21/1993

5. FEI Number

650721624

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

Patricia Krause

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

12909 NW 11 terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33182

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

[Signature]

Date 03/30/04

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
D	<u>Alberto Decat</u>	<u>12909 NW 11 terrace</u>	<u>Miami, FL 33182</u>
D	<u>Patricia Krause</u>	<u>12909 NW 11 terrace</u>	<u>Miami, FL 33182</u>

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/30/04

Date

305 221 9292

Daytime Phone #

CR2E081 (01/04)