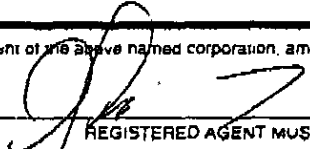
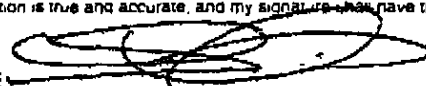


00-Apr-03 11:43am From-

T-162 P.02/02 F-052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		H00-14722-3 DIVISION OF CORPORATIONS 00 APR -3 PM 12:06 1092	
DOCUMENT # P97000012350 1. Corporation Name STELLA-MAR, INC.					
2. Principal Office Address 150 Alhambra Circle		3. Mailing Office Address 4995 N.W. 72nd Avenue		REINSTATEMENT 99-00	
Suite, Apt. #, etc. Suite 1240		Suite, Apt. #, etc. Suite 400		4. Date Incorporated or Qualified To Do Business in Florida 02/06/97	
City & State Coral Gables, FL		City & State Miami, FL		5. FEI Number 65-0744065	
Zip 33134	Country US	Zip 33166	Country US	6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Armando E. Lacasa					
Street Address (P.O. Box Number is Not Acceptable) 701 Brickell Avenue					
Suite, Apt. #, Etc. Suite 1900					
City Miami					
State FL					
Zip Code 33131					
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: 3/30/2000 REGISTERED AGENT MUST SIGN:					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Trustee	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
STD	Genaro Delgado Parker	891 Harbour Drive		Key Biscayne, FL 33149	
PD	Marcela Vanini	c/o 150 Alhambra Cir. 1240		Coral Gables, FL 33134	
D	Eduardo Lacasa	701 Brickell Ave. St. 1900		Miami, FL. 33131	
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)(d), 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: 		Eduardo Lacasa		3/30/2000 (305) 789-2722	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

H00-14722-3

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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(((H00000014722 3)))

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 761-2910
Fax Number : (954) 764-4996

CORPORATION REINSTATEMENT

STELLA-MAR, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing

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00-Apr-03 11:44am From-

T-163 P.02/02 F-051

1012

H00-147215

00 APR -3 AM 11:59

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P97000011655

1. Corporation Name

G.D. PARKER, INC.

2. Principal Office Address

4995 N.W. 72nd Avenue

3. Mailing Office Address

Suite, Apt #, etc

Suite 400

Suite, Apt #, etc

City & State

Miami, FL.

City & State

Zip

33166

Country

US

Zip

Country

REINSTATEMENT 98-00

4. Date incorporated or Qualified
To Do Business in Florida

02/05/97

5. FEI Number 65-0818455

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

58.75 Additional fee require
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Armando E. Lacasa

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

701 Brickell Avenue

Suite, Apt #, Etc

Suite 1900

City

Miami

State
FL

Zip Code

33131

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

3/30/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSD	Genaro Delgado Parker	4995 N.W. 72nd Avenue	Miami, FL. 33166

12/13

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

3/30/2000 (305) 789-2714

Date

Daytime Phone #

H00-147215

Attachment
2092

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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(((H00000014721 5)))

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To:

Division of Corporations
Fax Number : (850) 922-4004

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 761-2910
Fax Number : (954) 764-4996

CORPORATION REINSTATEMENT

G.D. PARKER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

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