

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

00 MAR 16 PM 1:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 097000022490

**1. Corporation Name**

GAZETA MERCANTIL USA, INC

**2. Principal Office Address**

1101 BRICKELL AVE.

Suite, Apt. #, etc.

401

City & State

MIAMI, FL

Zip

33131

Country

USA

**3. Mailing Office Address**

1101 BRICKELL AVE.

Suite, Apt. #, etc.

401

City & State

MIAMI, FL

Zip

33131

Country

USA

**REINSTATEMENT** 08-00

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

03/10/1997

**5. FEI Number**

65-0736613

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

ANDERSON, MARK

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

1915 BRICKELL AVE.

Suite, Apt. #, Etc.

CC-1

City

MIAMI

State

FL

Zip

33129

**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

Mr. Anderson

Date 3/13/2000

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
VP	ANDERSON, MARK	1915 BRICKELL AVE - CC-1	MIAMI, FL 33129
			400003179224-1 -03/22/00--01018--014 ***150.00 ***150.00
			400003179224-1 -03/22/00--01018--015 ***1050.00 ***1050.00

**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:

Mr. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2000

Date

(305) 371-7090

Daytime Phone #