

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -7 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000022490

1. Corporation Name

GAZETA MERCANTIL U.S.A., INC.

Principal Place of Business

Mailing Address

1001 BRICKELL AVENUE
SUITE # 1102
MIAMI FL 33131

1001 BRICKELL AVENUE
SUITE # 1102
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1200 ANASTASIA AVE.

Suite, Apt. #, etc.

OFFICE CENTER - SUITE 450

CITY & STATE
CORAL GABLES - FL

Zip
33134

Country
USA

3. New Mailing Office Address, If Applicable

1200 ANASTASIA AVE.

Suite, Apt. #, etc.

OFFICE CENTER - SUITE 450

CITY & STATE
CORAL GABLES - FL

Zip
33134

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/12/1997

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|----------------------------------|
| P | LEVY, LUIZ F | 1110 BRICKELL AVE SUITE 401 1101 BRICKELL AVE. SUITE 1102 | MIAMI FL 33131 |
| VP | DE ALMEIDA, MARCOS M | 2025 BRICKELL AVE APT 706 3077 VIRGINIA ST. | MIAMI FL 33129 MIAMI FL 33133 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MIRANDA, PAUL C
1001 BRICKELL AVENUE
SUITE 1102
MIAMI FL 33129

Name

MARCOS M. DE ALMEIDA

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

3077 VIRGINIA ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/22/03

11. 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

MARCOS M. DE ALMEIDA 12/22/03 305-648-1234

Date

Daytime Phone #

CR2E040 (7/03)