

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG 14 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 970000 39724**

1. Corporation Name

DATE Agui Venezuela, Inc.

2. Principal Office Address

10662 NW 7th

Suite, Apt. #, etc.

City & State

MIAMI Florida

Zip

33172

Country

DADE

3. Mailing Office Address

10662 NW 7th

Suite, Apt. #, etc.

City & State

MIAMI Florida

Zip

33172

Country

DADE

REINSTATEMENT 99-01

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

05/05/97

5. FEI Number

650272712

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

OSCAR A FARIA

400004547544-5

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

11303 NW 53 LANE

08/21/01-01073-014

*****1058.75 ***1058.75**

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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 **8/13/01**

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
P	MIRIAN de FARIA	10662 NW 7th	MIAMI FL 33172
	900.00 - Adm		
	61.25 AR		
	88.75-ARsupp		
	8.75-Cert		

0. 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:

Mirian de Faria **MIRIAN de FARIA**

8/13/01

Date

Daytime Phone #

(305) 345-0824