

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 27 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045963

1. Corporation Name
TECOLOTE, INC.

Principal Place of Business
1390 BRICKELL AVE.
SUITE 200
MIAMI, FL 33131

Mailing Address
1390 BRICKELL AVE.
SUITE 200
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
N/A

3. New Mailing Office Address, If Applicable
N/A

4. Date Incorporated or Qualified
To Do Business in Florida 05/23/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

☒ Applied For
☐ Not Applicable

City & State

City & State

Zip Country

Zip Country

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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	RAUL ABRAHAM MAFUD	c/o 1390 BRICKELL AVE SUITE 200	MIAMI, FL 33131
D	SERGIO ABRAHAM MAFUD	c/o 1390 BRICKELL AVE SUITE 200	MAIMI, FL 33131

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02/01/00-01133-002

***1050.00 ***1050.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ROBERT J. DOWNING
1390 BRICKELL AVE., SUITE 200
MIAMI, FL 33131

Name
ALVARO CASTILLO B.
Street Address (P.O. Box Number is Not Acceptable) --
1390 BRICKELL AVE.,
Suite, Apt. #, Etc.
SUITE 200
City
MIAMI
State
FL
Zip Code
33131

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.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/23/99

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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: X

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

KE

CR2E040 (12/96)