

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 AUG 13 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **p97000073192**

1. Corporation Name **CELLOPRESS, INC.**

Principal Place of Business

Mailing Address

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

REINSTATEMENT 98-99^W

2. New Principal Office Address, If Applicable c/o Garry Nelson, Esq., 1401 Brickell Ave.		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida August 22, 1997	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc.		5. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Miami FL		City & State		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip 33131	Country USA	Zip	Country		

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PD	Sueli Garcia	Estr. do Rio Grande 3559	Jacarepagua RJ 22723-000 BRAZIL
VPD	Rodrigo Garcia	Estr. do Rio Grande 3559	Jacarepagua RJ 22723-000 BRAZIL
SD	Alexandre Garcia	Estr. do Rio Grande 3559	Jacarepagua RJ 22723-000 BRAZIL
TD	Jose Carlos Garcia	Estr. do Rio Grande 3559	Jacarepagua RJ 22723-000 BRAZIL
			100002964911-7 -08/19/99--01086--005 ****900.00 ****900.00

8. Name and Address of Current Registered Agent Garry Nelson, Attorney at Law 1401 Brickell Avenue, Suite 300 Miami FL 33131		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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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 Date **7/28/99**
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. **KE**

SIGNATURE: **Sueli Garcia, President** Date **Aug. 3, 1999** 01155 (21) 446-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (12/98)