

99/00 WBR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -8 AM 8:50

DOCUMENT # P97000106953

1. Corporation Name

CONTIMAR S.A. CORP.

2. Principal Office Address

8130 NW 66TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

3. Mailing Office Address

8130 NW 66TH STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

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

12/27/97

5. FEI Number

65-0806480

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

JURADO, LUIS

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

9981 NW 51 LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

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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

Luis Jurado
REGISTERED AGENT MUST SIGN

Date **APRIL 27, 2000**

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
DP	JURADO, LUIS	9981 NW 51 LANE	MIAMI, FL 33178

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:

Luis Jurado

JURADO, LUIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/2000

Date

(305)463-9921

Daytime Phone #

CR2E081 (9/99)