

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DO APR 11 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026282

1. Corporation Name

Sideca, Inc.

Principal Place of Business

Mailing Address

4360 Northlake Blvd, Suite 205
Palm Beach Gardens, Florida 33410

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

2. New Principal Office Address, If Applicable

2 Biscayne Blvd, Ste 3400

3. New Mailing Office Address, If Applicable

2 Biscayne Blvd, Ste. 3400

Suite, Apt. #, etc.

3400

Suite, Apt. #, etc.

3400

City & State

Miami, Florida 33131

City & State

Miami, Florida 33131

Zip

33131

Country

USA

Zip

33131

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/19/1998

SP

5. FEI Number

X

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/C/S/D	Juan E. Serralles	One Biscayne Tower, Ste. 3400 2 Biscayne Boulevard	Miami, FL 33131
VP	Leonardo Simon	4360 Northlake Blvd., Ste. 205 Palm Beach Gardens	Palm Beach Gardens, FL 33410
VP/D	Guillermo Fernandez-Quincoces	One Biscayne Tower, Ste. 3400 2 Biscayne Boulevard	Miami, FL 33131

300003213453--5
-04/18/00--01111--015
****908.75 ****908.75

8. Name and Address of Current Registered Agent

Washofsky, Martin E. EA, PA
4360 Northlake Blvd, Suite 205
Palm Beach Gardens, FL 33410

9. Name and Address of New Registered Agent

Name

Valdes-Fauli Corporate Services, Inc.

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

One Biscayne Tower, 2 Biscayne Boulevard

Suite, Apt. #, Etc.

3400

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

4/10/00

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 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

Date

Daytime Phone #