

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 23 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P980000042484**

1. Corporation Name

FERIA LAS AMERICAS-EXPNICA INC

900009648009
12/23/02--01114--010 **150.00

2. Principal Office Address

8210 W. FLAGLER ST.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip

33144

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0841596

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

EDUARDO ARROYO

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

8210 A. WEST FLAGLER ST.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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

REGISTERED AGENT MUST SIGN

Date

12/16/2002

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/D	VICTOR P. REAL	8210 W. FLAGLER ST.	MIAMI FL 33144

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: ☒

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)



Payee
"La Feria de las Américas"

December 17, 2002

Annual Report Filings
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

RE: La Feria de las Americas-exponica Inc.

Dear Sir:

Enclosed please find my ck for the amount of \$150.00 to cover the corporate annual fees for the above corporation for the year 2002.

Please accept this payment because we did not have any communication or invoice from your department for this year, at our current address. (Please note that at this time we have a new address).

We will appreciate that you accept this payment, due to the above reason and
Please change your records.

Sincerely yours.

A handwritten signature, appearing to be "Victor Real", is written over a horizontal line. The signature is enclosed within an oval shape.

Victor Real
President.