

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 19 AM 9:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000054110**

1. Corporation Name

Astor Investment Corporation

300065071819

02/02/06--01010--024 **1058.75

2. Principal Office Address
1492 S. Miami Ave.

3. Mailing Office Address
1492 S. Miami Ave.

Suite, Apt. #, etc.
203

Suite, Apt. #, etc.
203

City & State
Miami, Florida

City & State
Miami, Florida

Zip
33130

Country
U.S.A.

Zip
33130

Country
U.S.A.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida **06/17/1998**

5. FFL Number
650864795

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
Inaki Saizarbitoria, Esq.

Street Address (P.O. Box Number is Not Acceptable)
1492 S. Miami Ave.

Suite, Apt. #, Etc.
203

City
Miami

State
FL

Zip Code
33130

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

Inaki Saizarbitoria
REGISTERED AGENT MUST SIGN

Date **1/10/06**

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
DPST	Ricardo E. Uthurralt	Adolfo Alsina 1171, 1646 San Fernando	Buenos Aires, Argentina
D	Ana Maria M. Spinelli	Adolfo Alsina 1171, 1646 San Fernando	Buenos Aires, Argentina
D	Ignacio F. Mauro	Adolfo Alsina 1171, 1646 San Fernando	Buenos Aires, Argentina
D	Paula F. Vanina	Adolfo Alsina 1171, 1646 San Fernando	Buenos Aires, Argentina

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 contained in Chapter 119, 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

1/13/06

Date

305-530-0007

Daytime Phone #

B. Mitchell JAN 18 2006