

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE
	FILED 01 FEB 23 PM 1:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	

Read Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P98000061411**
Catimori Corp.
c/o Sofia Powell-Cosio
1390 Brickell Avenue-Suite 200
Miami, FL 33131

W01000003428

REINSTATEMENT 99-01

4. Date Incorporated or Qualified To Do Business in Florida 7-13-98	5. FEI Number APPLIED For	FEI Number Applied For	6. \$8.75 Additional Fee required for a Certificate of Status
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PRES	Maria Sara Aguirre	705 Crandon Blvd. Unit 405	Key Biscayne, FL 33149
			400003801854--1 -03/06/01-01031-011 ***1058.75***1058.75
			LS

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent Sofia Powell-Cosio 1390 Brickell Avenue-Suite 200 Miami, FL 33131	9. If changed, new registered agent / office		
	Name		
	Street Address (Do NOT Use P.O. Box Number)		
	Street Address (Do NOT Use P.O. Box Number)		
	City	State	Zip
		FL	

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 Sofia Powell-Cosio REGISTERED AGENT MUST SIGN Date _____

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director Maria Sara Aguirre Date 1/30/01 Daytime Phone # 305-579-9988
Typed or printed name of signing officer or director Maria Sara Aguirre President