

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 13 PM 6:27

DOCUMENT # P98000102963

1. Corporation Name

WALDMAN USA INC.

Principal Place of Business

Mailing Address

1101 BRICKELL AVENUE N.Tower,ste 702
MIAMI FL 33131

1101 BRICKELL AVENUE N.Tower,ste 702
MIAMI FL 33131



REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/10/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number 65 0942429

Applied For

City & State

City & State

~~65-0887900~~

Not Applicable

Zip

Country

Zip

Country

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 3	City / State / Zip 4
D	MARTINEZ, FEDERICO	714 FERNWOOD ROAD	KEY BISCAVNE FL 33149
			700003484047--3
			-12/04/00--01022--012
			****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~LOYOLA, LUIS RAUL~~
~~600 GRAPETREE DRIVE~~
~~MIAMI FL 33140~~

Name

Federico Martinez

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

714 Fernwood Road

Suite, Apt. #, Etc.

City

Key Biscayne

State

FL

Zip Code

33149

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

SIGNATURE REQUIRED

Date 11-08-00

REGISTERED AGENT MUST SIGN

11. 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.

AD

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Federico Martinez

10/13/00

Date

305-372-5070

Daytime Phone #