

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000032874

1. Corporation Name

CAMPO ARGENTINO CORPORATION

Principal Place of Business

Mailing Address

6450 COLLINS AVENUE
MIAMI BEACH FL 33141
US

6450 COLLINS AVENUE
SUITE 1109
MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable

6454 Collins Ave.

3. New Mailing Office Address, If Applicable

1150 N.W. 72nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami Beach, FL

City & State

Miami, FL

Zip

33141

Country

USA

Zip

33126

Country

USA

FILED
03 DEC 12 PM 9:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



200025464462
12/12/03--01063--015 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

04/12/1999

5. FEI Number

65-0915736

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 3 | City / State / Zip 4 |
|---------------|---|--|-------------------------|
| PD | MALESICH, GONZALO | 6450 COLLINS AVENUE | MIAMI BEACH FL 33141 |
| VD | MAFFIOLINI, MARIA L | 6450 COLLINS AVENUE | MIAMI BEACH FL 33141 |
| | | | |
| | | | |
| | | | |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALESICH, GONZALO
6450 COLLINS AVE.
#1109
MIAMI FL 33141

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11-30-03

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-30-03

Date

(305) 867-5951

Daytime Phone #

272

CAMPO ARGENTINO CORPORATION
1150 N.W. 72nd Avenue #555
Miami, Florida, 33126

December 8, 2003

Florida Department of State
P.O. Box 6327
Tallahassee, Florida, 32314

Gentlemen:

We were surprised to receive your notice of dissolution of our corporation due to non payment of the annual report.

It appears that the original report from your office never reached us since we are no longer at the address shown in your report.

We have changed the attached reinstatement form accordingly and because of the above, we are asking respectfully that you accept the attached check for \$150.00 and abate the penalties since it appears that this situation was not our fault.

Thank you for your assistance in this matter.

Respectfully,

CAMPO ARGENTINO CORPORATION


Gonzalo Malesich
President