

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 APR 26 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000097323

1. Corporation Name

MULTICOSAS IMPORT CORPORATION

2. Principal Office Address

5750 COLLINS AVE # 8H

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

MIAMI-DADE

3. Mailing Office Address

5750 COLLINS AVE # 8H

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33140

Country

MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1084420

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

09/14/00 9006625 550.00

7. Name and Address of Current Registered Agent

Name

JESUS E. GIRAUD

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

5750 COLLINS AVE. # 8H.

Suite, Apt. #, Etc.

City

MIAMI BEACH

S00263901033--2

-09/14/00--90006--025

****550.00 ****550.00

S00263901033--2

-04/19/01--01112--001

****350.00 ****350.00

State

FL

Zip Code

33140

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

JORGE MARTINELLI - 5750 COLLINS AVE. MIAMI B. FL. 33140 DA-25-01.

REGISTERED AGENT MUST SIGN

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	JESUS E. GIRAUD	5750 COLLINS AVE. # 8H	MIAMI BEACH, FL 33140
VP	ALEJANDRA MARTINELLI	5750 COLLINS AVE. # 8H	MIAMI BEACH, FL 33140

REINSTATEMENT 100-01 TS

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/2001

Date

(305) 861-4148

Daytime Phone #

CR2E081 (9/00)