

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

01 JUL-2 PM 2:34

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000098013

1. Corporation Name

Jorotuy, Inc.

2. Principal Office Address

c/o AGI Registered Agents, Inc.

Suite, Apt. #, etc.

1200 Brickell Avenue, Suite 900

City & State

Miami, Florida

Zip

33131

Country

U.S.

3. Mailing Office Address

c/o AGI Registered Agents, Inc.

Suite, Apt. #, etc.

1200 Brickell Avenue, Suite 900

City & State

Miami, Florida

Zip

33131

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

November 8, 1999

5. FEI Number

65-0959525

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$0.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

AGI Registered Agents, Inc.

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

1200 Brickell Avenue

Suite, Apt. #, Etc.

Suite 900

City

Miami

State
FLZip Code
33131

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
President
REGISTERED AGENT MUST SIGN

Date

7/2/01

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
D	Perez, Jose	c/o 1200 Brickell Avenue, Suite 900	Miami, Florida 33131
D	Anton, Ofelia	c/o 1200 Brickell Avenue, Suite 900	Miami, Florida 33131
D	Perez, Rodrigo	c/o 1200 Brickell Avenue, Suite 900	Miami, Florida 33131

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)(f), 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
 RODRIGO PEREZ, DIRECTOR
 Date
 6/20/01
 Daytime Phone #