

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1062

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAR -2 PM 12:42

DOCUMENT # P9900010D489

**1. Corporation Name**

FUND MANAGEMENT ASSOCIATES, INC.

**2. Principal Office Address**

P.O. Box 14-3451

Suite, Apt. #, etc.

CONAL GABLES

City & State

FLORIDA

Zip

33134

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified  
To Do Business in Florida**

11-15-99

**5. FEI Number**

65-0966269

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

100003819441--0

Name

RODOLFO SILVA

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

10031 NW 51ST LANE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33178

**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

REGISTERED AGENT MUST SIGN

Date

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

| Titles    | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|-----------|--------------------------------------|---|--------------------|
| President | RODOLFO SILVA                        | 10031 N.W. 51ST LANE                              | MIAMI FL 33178     |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   |                    |
|           |                                      |   | AD                 |
|           |                                      |   |                    |

**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]* / RODOLFO SILVA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 26, 01 954-292-7066

Date

Daytime Phone #

CR2E081 (9/00)

-2-

February 26, 2001

**Andy Dunlap**  
**Document Specialist Supervisor**  
Florida Department Of State  
Division Of Corporations  
P.O. Box 6327  
Tallahassee Florida 32314

**Ref. Letter no. 801A00007210**  
**Fund Management Associates Inc.**

Dear Mr. Dunlap:

First and foremost, I would like to thank you for your time and courtesy when responding my telephone call and for forwarding the requested application to my attention in a prompt and timely manner.

As I had mentioned, we never received the prior forms submitted by your agency, due to a change in our mailing address. Please accept my apologies for all the trouble that this has caused.

Since the delay in this payment was not our fault, we will like for you to consider the waiver in the additional late fees charge to this account.

Once again, I would like to thank you for time and consideration to our request.

Should you have any questions, please do not hesitate to contact me at 954-292-7066.

Sincerely,



Rodolfo Silva  
President