H10000031341

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 FEB 11 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S10981

1. Corporation Name
OXYPAR CORPORATION

REINSTATEMENT 98-1D

CR2E061 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
12555 Orange Drive	12555 Orange Drive
Suite, Apt. #, etc.: Suite 256	Suite, Apt. #, etc.: Suite 256
City & State: Davie, Florida	City & State: Davie, Florida
Zip: 33330 Country: USA	Zip: 33330 Country: USA

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

5. FEI Number: 650262820 ☐ 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

Name: CARLOS A. NOBRE

Street Address (P.O. Box Number is Not Acceptable): 12555 Orange Drive

Suite, Apt. #, Etc.: Suite 256

City: Davie State: FL Zip Code: 33330

☑ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Diana Urrego Diana Urrego as attorney-in-fact Date: 2/11/2010
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
PD	CARLOS AUGUSTO NOBRE	12555 Orange Drive, Suite 256	Davie, FL, 33330

10. E-mail Address: _____
(To be used for future annual report notification)

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. I further certify, 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: Diana Urrego Diana Urrego as attorney-in-fact 2/11/2010 5616948107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/11 aw

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT
OXYPAR CORPORATION

Certificate of Status	0
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Page Count	02
Estimated Charge	~~$1,950.00~~

Reinstatement Fee waived
$1,950.00

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