

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 20 PM 1:30

**DOCUMENT # S32660**

**1. Corporation Name**

OPERACIONES MERCANTILES E.L.F., INC.

**2. Principal Office Address**

c/o Robert Jamerson, Esq.  
2655 Le Jeune Road

Suite, Apt. #, etc.

Penthouse II

City & State

Coral Gables, FL

Zip

33134

Country

USA

**3. Mailing Office Address**

c/o Robert Jamerson, Esq.  
2655 Le Jeune Road

Suite, Apt. #, etc.

Penthouse II

City & State

Coral Gables, FL

Zip

33134

Country

USA

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

02/19/1991

**5. FEI Number**

65-0245210

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

Jamerson, Robert L. Jr., Esq.

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

2655 Le Jeune Road

Suite, Apt. #, Etc.

Penthouse II

City

Coral Gables

State

FL

Zip Code

33134

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\*\*\*900.00 \*\*\*900.00

**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 9/14/2000

**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/T/D	Enrique Fuentes	c/o Robert L. Jamerson, Jr., Esq. 2655 Le Jeune Road, PH-II	Coral Gables, FL 33134
VP/S	Domenico Spuckes	c/o Robert L. Jamerson, Jr., Esq. 2655 Le Jeune Road, PH-II	Coral Gables, FL 33134
VP/D	Enrique Luis Fuentes Calcano	c/o Robert L. Jamerson, Jr., Esq. 2655 Le Jeune Road, PH-II	Coral Gables, FL 33134

**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 in 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., and 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

9/14/2000 305-448-1295

Date

Daytime Phone #

CR2E081 (9/99)