

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08166

1. Corporation Name
ULTRAVILLE, INC.

2. Principal Office Address

2701 South Bayshore Drive

Suite, Apt. #, etc.

Suite 402

City & State

Miami, Florida

Zip

33133

Country

USA

3. Mailing Office Address

2701 South Bayshore Drive

Suite, Apt. #, etc.

Suite 402

City & State

Miami, Florida

Zip

33133

Country

USA

FILED

04 APR -9 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400032263764
04/09/04--01029--005 **900.00

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

5. FEI Number

650307087

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

Joseph B. Ryan III

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

402 2701 South Bayshore Drive, Suite 402

Suite, Apt. #, Etc.

Suite 402

City

Miami

State

FL

Zip Code

33133

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

Joseph B. Ryan III
REGISTERED AGENT MUST SIGN

Date 04/06/04

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/P/V/S	F.C. Rocha Girao	2701 S. Bayshore Drive Suite 402	Miami, Florida 33133

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:

F.C. Rocha Girao

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/06/04

Date

(305) 444-4949

Daytime Phone #