

APPLICATION
FOR
REINSTATEMENT



Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name

ULTRA-USA ENTERPRISES CORP.

Principal Place of Business

9048 COLLINS AVENUE
SURFSIDE, FL 33154

Mailing Address

9048 COLLINS AVENUE
SURFSIDE, FL 33154

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Sulte, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

1-27-92

5. **FEI Number**
65-0312076

Applied For

Not Applicable

6. **CERTIFICATE OF STATUS DESIRED**  \$8.75 Additional Fee required for a Certificate of Status

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

[illegible]

8. Name and Address of Current Registered Agent

JOHN H. FRIEDHOFF
175 N.W. FIRST AVENUE, 11TH FLOOR
MIAMI, FLORIDA 33128-1835

9. Name and Address of New Registered Agent

Name
JOSEPH N. RYAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
250 BIRD ROAD
Suite, Apt. #, Etc.
SUITE 216
City
CORAL GABLES

State FL	Zip Code 33146
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date _____

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FRANCISCO CLODOMIR ROCHA GIRAO, PRESIDENT

T. LEWIS SEP 29 1999

9/22/90

Daytime Phone # _____