

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V44647**

1. Corporation Name

COMMON INTERNATIONAL AND INVESTMENTS-INC.

Principal Place of Business

Mailing Address

**16092 S.W. 143 PLACE
MIAMI FL 33186**

**16092 S.W. 143 PLACE
MIAMI FL 33186**

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

2. New Principal Office Address, If Applicable

Principal Office Address, If Applicable

**1240 S.W. 142 AVENUE
MIAMI, Florida 33183**

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/1992

SP

5. FEI Number

65-0341283

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	PRAT, OSCAR	10092 SW 143 PL	MIAMI FL

8. Name and Address of Current Registered Agent

**GARVETT, FREDRIC
3350 S.W. 27TH AVENUE
COCONUT GROVE FL 33133**

9. Name and Address of New Registered Agent

**Oscar Prat
1240 SW 142 AVENUE
MIAMI, Florida 33183**

3014

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **12-15-00**

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 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

Oscar Prat Jr.

Date

Daytime Phone #

12/15/00 305-610-5577



REINSTATEMENT

07

CR2E040 (8/00)