

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 JAN -2 PM 3:03

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **V44647**

1. Corporation Name  
**COMMON INTERNATIONAL AND INVESTMENTS-INC.**

Principal Place of Business Mailing Address  
 16092 S.W. 143 PLACE 16092 S.W. 143 PLACE  
 MIAMI FL 33186 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

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

**REINSTATEMENT** *07*

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

Name **Oscar Prat**  
**1240 SW 142 AVENUE**  
**Miami, Florida 33183**  
 Code **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

*[Handwritten 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

*[Handwritten Signature]* **Oscar Prat Jr.**

Date

Daytime Phone #

**12/15/00 305-610-5577**

CR2E040 (8/00)