

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

APPLICATION  
FOR  
REINSTATEMENT



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

00 NOV 21 AM 9:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F95000000219**

1. Corporation Name

**SOUTH CAPITAL COMPANY, INC.**

Principal Place of Business

Mailing Address

1229 BROADWAY  
HEWLETT NY 11557  
US

1229 BROADWAY  
HEWLETT NY 11557  
US



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

4. Date Incorporated or Qualified To Do Business in Florida

01/12/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

11-3034275

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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  |
|------------|-------------------------------------|---|---|
| PD         | BUTELER, GABRIEL                    | AVE. L.N. ALEM 822-6' PISO                                    | 1001 BUENO AIRES, ARGENTINA                                       |
| V          | BADARACO, CARLOS                    | <del>110 MERRICK WAY SUITE 3A</del><br>13680 WELLINGTON TRACE | CORAL GABLES FL<br>WELLINGTON, FL 33114                           |
| STD        | RAMOS, JUAN PERALTA                 | AVE L.N. ALEM 822-6 PISO                                      | 1001 BUENOS AIRES AR  |
|            |                                     |   | 600003478706--3<br>-11/28/00--01088--002<br>****750.00 ****750.00 |
|            |                                     |   |   |
|            |                                     |   |   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
SUITE 105  
TALLAHASSEE FL 32301

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Deborah D. Skipper*

Deborah D. Skipper  
as its agent

Date 11-20-00

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

516 295 0900

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CR2E040 (8/00)