

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 SEP 11 AM 8:12
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **G78182**

1. Corporation Name
INDUSTRIAL EXPORT CORPORATION OF TAMPA BAY,

Principal Place of Business Mailing Address
**7712 PALMBROOK DRIVE,
 TAMPA, FLORIDA 33615**

REINSTATEMENT

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93-97

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		JAN. 12TH., 1984	
City & State		City & State		5. FEI Number	
Zip		Country		59-2364183	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	EDMUNDO RAMIREZ	7712 PALMBROOK DRIVE,	TAMPA, FL. 33615
SEC.	OLGA RAMIREZ	7712 PALMBROOK DRIVE	TAMPA, FL. 33615

000002292270-2
 -09/12/97-01128-001
 ***1410.00 ***1410.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
EDMUNDO RAMIREZ, 7712 PALMBROOK DRIVE, TAMPA, FL. 33615		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	
		State	Zip Code
		FL	

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: *Edmundo Ramirez* Date: **SEPT. 9th., 1997**
 REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: **EDMUNDO RAMIREZ, Pres.** *Edmundo Ramirez* **SEPT. 9TH., 1997** 8138843732
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE040 (12/96)