

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 SEP 19 PM 8:26

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000084927

1. Corporation Name

Export Frost Imports Corp

100818718281
09/13/18--01021--011 **1508.75

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #

2524 Cardamon Ave,

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc

City & State

Cooper City, FL

City & State

Zip

33026

Country

US

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

November 21, 2012

5. FET Number

26-3375754

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
YES

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose Francisco Lopez

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

2524 Cardamon Ave.

Suite, Apt. #, etc

City

Cooper City,

State

FL

Zip Code

33026

REINSTATEMENT

2013-2018

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 09/14/2018

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Jose Francisco Lopez	2524 Cardamon, Ave	Cooper City, FL 33026
VPSD	Constanza Lopez	2524 Cardamon, Ave	Cooper City, FL 33026
			SEP 10 2018
			M. WILLIAMS

10 E-mail Address: FRANCISCO LOPEZ@EXPORTFROST.COM OR SALES@EXPORTFROST.COM

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

JOSE FRANCISCO LOPEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/14/2018

854-854-7826

Date

Daytime Phone #