


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
01 MAY 31 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



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

DOCUMENT # P93000017034

1. Corporation Name  
INTERNATIONAL EXPORT FINANCE & MARKETING CORPORATION

2. Principal Office Address 40 10TH AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 40 10TH AVENUE Suite, Apt. #, etc.	
City & State HIALEAH FL		City & State HIALEAH FL	
Zip 33010	Country USA	Zip 33010	Country USA

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-07/18/01--01002--008  
\*\*\*1658.75 \*\*\*1658.75

4. Date Incorporated or Qualified To Do Business in Florida 3/2/93

5. FEI Number 65-0377947 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$6.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HUGO R. GARCIA

Street Address (P.O. Box Number is Not Acceptable): 40 10TH AVENUE

Suite, Apt. #, Etc.

City: HIALEAH State: FL Zip Code: 33010

**REINSTATEMENT** 95-01-AM

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: *[Signature]* Date: 5/20/01

REGISTERED AGENT MUST SIGN

8. 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
DP	HUGO R. GARCIA	40 10TH AVENUE	HIALEAH FL 33010

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10. 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)(G), 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]* Date: 4/30/01 Daytime Phone #: 305-863-9335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR