

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



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

02 AUG -9 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 96000006967

1. Corporation Name

MVR EXPORT SERVICES INC

700007078057--5
-08/13/02--01054--013
****750.00 ****750.00

2. Principal Office Address

4599 NW 77 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Office Address

4599 NW 77 AVE

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33166

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01-23-1996

5. FEI Number

65-0674388

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LUIS A. Rueda

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

4599 NW 77 AVE

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33166

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

X LUIS A. RUEDA

REGISTERED AGENT MUST SIGN

Date

8/5/02

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
<u>P.</u>	<u>Rueda, - LUIS - A.</u>	<u>4599 NW 77 AVE</u>	<u>MIAMI, FL 33166</u>

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)(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: X

LUIS A RUEDA President 8/5/02 (305) 629-9899

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CORPORATION