

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
05 MAR 10 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000049341**

1. Corporation Name  
P96000049341  
EXPOGLOBE INTERNATIONAL, INC.

2. Principal Office Address  
2863 EXECUTIVE PARK DRIVE

3. Mailing Office Address  
SAME

Suite, Apt. #, etc.  
103

Suite, Apt. #, etc.

City & State  
WESTON, FL

City & State

Zip  
33331

Country  
USA

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
65-0672500

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

04-05 [Signature] 3/11

**7. Name and Address of Current Registered Agent**

Name  
**MANUEL CEVALLOS**

Street Address (P.O. Box Number is Not Acceptable)  
**2863 EXECUTIVE PARK DRIVE**

Suite, Apt. #, Etc.  
**103**

City  
**WESTON, FL**

State  
**FL**

Zip Code  
**33331**

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: \_\_\_\_\_  
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
PD	MANUEL CEVALLOS	2863 EXECUTIVE PARK DRIVE, 103	WESTON, FL 33331
TS	DEA CEVALLOS	2863 EXECUTIVE PARK DRIVE, 103	WESTON, FL 33331

100049341  
04/05/05--01008--021 \*\*300.00

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: \_\_\_\_\_ Date: **3/4/05** Daytime Phone #: **305 448 800**

CR2E081 (01/05)