

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P96000049341

**FILED**  
**Dec 05, 2008**  
**Secretary of State**

**Entity Name:** EXPOGLOBE INTERNATIONAL, INC.

**Current Principal Place of Business:**

255 ALHAMBRA CIRCLE  
SUITE 720  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

2320 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**Current Mailing Address:**

255 ALHAMBRA CIRCLE  
SUITE 720  
CORAL GABLES, FL 33134

**New Mailing Address:**

2320 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134

**FEI Number:** 65-0672500

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CEVALLOS, MANUEL  
255 ALHAMBRA CIRCLE  
SUITE 720  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

CEVALLOS, MANUEL  
2320 PONCE DE LEON BLVD  
CORAL GABLES, FL 33134 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MANUEL CEVALLOS

12/05/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CEVALLOS, MANUEL  
Address: 255 ALHAMBRA CIRCLE #720  
City-St-Zip: CORAL GABLES, FL 33134

Title: TS (X) Delete  
Name: CEVALLOS, DEA  
Address: 255 ALHAMBRA CIRCLE #720  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CEVALLOS, MANUEL  
Address: 2320 PONCE DE LEON BLVD  
City-St-Zip: CORAL GABLES, FL 33134

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MANUEL CEVALLOS

PD

12/05/2008

Electronic Signature of Signing Officer or Director

Date