

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 MAY -8 PM 2:30

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P97000032652**

1. Corporation Name
V.M. EXPORT IMPORT, INC.

Principal Place of Business Mailing Address
12934 SW 133 ct Suite C Miami FL 33186 **12934 SW 133 ct Suite C Miami FL 33186**
 If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 09-2000

2. New Principal Office Address, If Applicable
12934 SW 133 ct Suite C Miami
 3. New Mailing Office Address, If Applicable
12934 SW 133 ct Suite C Miami

4. Date Incorporated or Qualified To Do Business in Florida **04/10/1997**
 5. FEI Number **65-0744281** Applied For Not Applicable
 6. CERTIFICATE OF STATUS DESIRED \$30.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	ARROYAVE, OSCAR M	12934 SW 133 ct Suite C	Miami, FL 33186
			9/22/99 90001045 150.00
			300003280413--7 -06/07/00--01094--003 ****750.00 ****750.00

8. Name and Address of Current Registered Agent
ARROYAVE, OSCAR M
6911 N.W. 46 ST.
MIAMI FL 33166

9. Name and Address of New Registered Agent
 Name **Arroyave, Oscar M.**
 Street Address (P.O. Box Number is Not Acceptable) **12934 SW 133 ct Suite C**
 Suite, Apt. #, Etc. **Suite C**
 City **Miami** State **FL** Zip Code **33136**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent **[Signature]** **SIGNATURE REQUIRED** Date _____
 REGISTERED AGENT MUST SIGN

11. 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: **[Signature]** **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **KE**
 Date **09/22/99** Daytime Phone # **(305) 519-4743**
(305) 380-1260
09/22/99 90001045 150.00

CR2E340 (3/99)