

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

98-0001

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****450.00 ****450.00
SP

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # **P97000090013**

1. Corporation Name

Indumex, Inc.

2. Principal Office Address

10661 S.W. 88th Street

3. Mailing Office Address

Same

Suite, Apt. #, etc.

118

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33176

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1997

5. FEI Number

Non

☒ 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

Jaime M. Giammattei

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

10661 North Kendall Drive

Suite, Apt. #, Etc.

Suite 118

City

Miami, FL

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

Date

10/30/00

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
Pres.	Giammattei, German E.	13015 S.W. 89th Place , # 225	Miami, FL 33176
VP	Giammattei, German	13015 S.W. 89th Place , # 225	Miami, FL 33176
Sec.	Giammattei, Jaime M.	13015 S.W. 89th Place , # 225	Miami, FL 33176
Treas.	Giammattei, Maria	13015 S.W. 89th Place , # 225	Miami, FL 33176

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jaime Giammattei

Date

10/30/00

Daytime Phone #

305/270-0687

Indumex, Inc.

48292

October 31, 2000

**Florida Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399**

RE: Indumex, Inc. (Document # 97000090013)

Dear Sir or Madam:

On several occasions I had informed your office advising them that our offices have moved. Therefore, our corporation had been cancelled due non-filing of annual report for 1998, 1999 & 2000. I have contacted your office and I have been advised that the penalty would be waived based on the fact before mentioned and any consideration would be greatly appreciated.

Therefore, Find enclosed a copy of the Corporation Reinstatement form for Indumex, Inc. and a check for the required fees.

I thank you for your attention to this matter and if you should have any further questions do not hesitate to contact me

Sincerely,


Jamie M. Giammattei
Secretary

Enclosure: 2

