

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

*B/E*

00 OCT 16 AM 7:22

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **P99000102453**

1. Corporation Name

**CONTINEX INTERNATIONAL, CORP**

Principal Place of Business

Mailing Address

7100 SW 30 ROAD  
 MIAMI FL 33155

7100 SW 30 ROAD  
 MIAMI FL 33155



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/23/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0963022

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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	MONTALVO, LIZZETTE	7100 SW 30 ROAD	MIAMI FL 33155

500003446655--2  
 -11/01/00--01039--016  
 \*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MONTALVO, LIZZETTE  
 7100 SW 30 ROAD  
 MIAMI FL 33155

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/00 (805) 267-9223

CR2E040 (6/00)

**CONTINEX** INT'L

7100 S.W. 30th Road

Miami, Florida 33155

Te. (305) 264-9223

*PS Zahr*

**TO: DEPARTMENT OF STATE**

10/11/00

Regarding: DOCUMENT # P99000102453

To Whom It May Concern:

per my conversation with an operator/agent at 1-850-487-6059, I send in writing this request due to that I did not receive any previous notice of the Florida Department of State concerning filling the 2000 ANNUAL CORPORATION REPORT that was due in the month of September/2000, the operator advised me to send the enclosed form (which I have just received) to fill in any information that would be missing and to sign it only at the bottom as long as there were no changes regarding the registered agent.

He also mentioned to send the enclosed check # 5609 in the amount of **\$150.00** so this corporation will be reinstated.

Sorry for any inconvenience this may have caused, and any questions please do not hesitate to contact me at the above mentioned telephone number.

Sincerely,



Ms. Lizzette Montalvo  
President