

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 PM 4:37

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S74389

1. Corporation Name
Florimex, Inc.,

REINSTATEMENT 03-04

2. Principal Office Address 5301 N. Federal Hwy Suite, Apt. #, etc. 350 City & State Boca Raton, FL Zip 33487		Country Palm Beach		3. Mailing Office Address Same Suite, Apt. #, etc. Same City & State Same Zip 33487		Country Palm Beach	
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4. Date Incorporated or Qualified To Do Business in Florida 8/16/1991	
5. FEI Number 593076816	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Sergio J. Guzman		000030680380	
Street Address (P.O. Box Number is Not Acceptable) 2440 Coral Way		03/18/04--01005--007 **750.00	
Suite, Apt. #, Etc.		000030680380	
City Miami		04/06/04--01031--003 **150.00	
State FL	Zip Code 33145		

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 3/12/04
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
P/D	Vicente Trigo	5301 N. Federal Hwy 350	Boca Raton, FL 33487
S	Sergio J, Guzman	2440 Coral Way	Miami, FL 33145

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: Vicente Trigo Date 3/12/04 Daytime Phone # 561-998-8150