192

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 OCT 19 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

01-06

DOCUMENT # P00000090847

1. Corporation Name

NEXUS IMPORTS & EXPORTS INC

2. Principal Office Address	3. Mailing Office Address
1009 NW 128 PL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
MIAMI FLORIDA	
Zip: 33182 Country: USA	Zip: Country:

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 09-26-2000

5. FEI Number: 59-4813806 ☐ 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: NIVALDO GUTIERREZ

Street Address (P.O. Box Number is Not Acceptable): 2520 NW 13 STREET

Suite, Apt. #, Etc.: 106

City: MIAMI State: FL Zip Code: 33125

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 10-18-2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	NIVALDO GUTIERREZ	2520 NW 13 STREET	MIAMI FLORIDA 33125

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 contained in Chapter 119, 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: _____ 10-18-2006 305-305-4103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000255368 3)))

H06000255368ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

NEXUS IMPORTS & EXPORTS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,500.00