


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

14 DEC 30 PM 4:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 806000049541

1. Corporation Name  
PURMES, SA de CV, CORP

2. Principal Office Address - No P.O. Box # <u>3501 INVERRARY BVD</u>		3. Mailing Office Address <u>SOME</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>LAUDERHILL FL</u>		City & State	
Zip <u>33319</u>	Country <u>BROWARD</u>	Zip	Country

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 4/4/2006

5. FET Number  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  
JULIAN RAMIREZ

Street Address (P.O. Box Number is Not Acceptable)  
3501 INVERRARY BVD

Suite, Apt. #, Etc.

City  
LAUDERHILL

State  
FL

Zip Code  
33319

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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 [Signature] JULIAN RAMIREZ Date 12/26/14

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	JULIAN RAMIREZ	3501 INVERRARY BVD	LAUDERHILL FL 33319

JAN - 9 2015

L. SELLEN

**REINSTATEMENT** 2010-2014

10. E-mail Address: CUNGREEN16@HOTMAIL.COM  
(To be used for future annual report notification)

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 extinguished, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [Signature] JULIAN RAMIREZ Date 12/26/14 954 7099144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR