

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 309660

1. Entity Name
FINIMEX, INC.



08 NOV 21 PM 12:18

RECEIVED
TALLAHASSEE, FLORIDA

Principal Place of Business
1108 KANE CONCOURSE
220
BAY HARBOR ISLANDS, FL 33154 US

Mailing Address
1108 KANE CONCOURSE
220
BAY HARBOR ISLANDS, FL 33154 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11032008

REIN-P

CR2E098 (1/07)

4. FEI Number

59-1197870

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRADILLA, JUAN R
1108 KANE CONCOURSE
220
BAY HARBOR ISLANDS, FL 33154

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME PRADILLA, JUAN R
STREET ADDRESS 1108 KANE CONCOURSE, STE 220
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
11/21/08-01022-008 ☐ Delete ☐ Addition

TITLE V
NAME MARTIN, VIRNA G
STREET ADDRESS 1108 KANE CONCOURSE, STE 220
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE S
NAME PRADILLA, JUAN R
STREET ADDRESS 1108 KANE CONCOURSE, STE 220
CITY-ST-ZIP BAY HARBOR ISLANDS, FL 33154 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/08

954
491-5179

11/24