

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 APR 25 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 373265

1. Corporation Name

ALBERTO SALAZAR IMPORT EXPORT CORPORATION

Principal Place of Business

Mailing Address

EXPORT CORPORATION
7591 N.W. 54 ST.
MIAMI FL 33166

EXPORT CORPORATION
7591 N.W. 54 ST.
MIAMI FL 33166

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/24/1970	
City & State		City & State		5. FEI Number	
Zip		Country		59-1430530	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	SALAZAR, ALBERTO	14321 SW 92ND AVE	MIAMI FL
V	SALAZAR, ALBERTO E.	14321 SW 92ND AVE	MIAMI FL
ST	SALAZAR, ANA M.	14321 S W 92ND AVE	MIAMI FL
			000002158420--6
			-04/29/97--01079--008
			***915.00 ***915.00
			REINSTATEMENT 96-97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SALAZAR, ALBERTO 14321 S.W. 92 AVE. MIAMI FL 33176		Name: <i>Alberto Salazar</i> 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: *Alberto Salazar* ALBERTO SALAZAR Date: 4/21/97

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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)(l), 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: *Alberto Salazar* ALBERTO SALAZAR 4-9-97 (305) 592-9690

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

CREATED (7/96)