## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEFAR MENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 4

494587

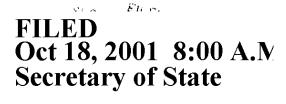
1. Corporation Name

## A.I. EXPORT CORPORATION

Principal Place of Business

SIGNATURE:

Mailing Address



4781 NW 72 AVE MIAMI FL 3316 US			4781 NW 72 AVE MIAMI FL 3316 US			REINSTATEMENT O			
If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Maili				mormation and enter correction below.		4. Date Incorp	porated or Qualified		
e de la companya de l			Suite, Apt. #,	etc.		5. FEI Number Applied For Not Applicable			
Zip Country		Zip Country		ntry	6.  CERTIFICATE OF STATUS DESIRED   S8.75 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)									
Title(s)	Name of Officers and/or Directors		· · · · · ·	Street Address of Each Officer and/or Director			City / State / Zip		
PD	DE LA HERA, LINO R.			580 SOUTH DR.			MIAMI SPRINGS FL		
SD	DE LA HERA, CLARA			580 SOUTH DR.			MIAMI SPRINGS FL		
VP	DE LA HERA, LINO E			8600 SW 161 TERR			MIAMI FL		
								phiol	30
8. Name and Address of Current Registered Agent						9. Name and Address of New Registered Agent			
		-	.c	<del></del>	Name	3. Name and A			
580 SC	Hera,Lino Duth Dr. Springs Fl			Street Address (P.O. Box Number					
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  REGISTERED AGENT MUST SIGN									
this rein	statement app	officer or director or the receivolication, the reason for dissolon have been paid and the n	ution has been	eliminated, the con	porate name satisfies t	the requirements	of section 607,0401 or	617.0401, F.S.	that all fees