PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 18, 2001 8:00 A.M
Secretary of State

DOCUMENT # **494587**

1. Corporation Name

A.I. EXPORT CORPORATION

Principal Place of Business	Mailing Address
4781 NW 72 AVE MIAMI FL 3316 US	4781 NW 72 AVE MIAMI FL 3316 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT Q

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **03/29/1976**

5. FEI Number: **59-1667155** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$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	4 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

10/30

8. Name and Address of Current Registered Agent

DE LA HERA,LINO
580 SOUTH DR.
MIAMI SPRINGS FL

9. Name and Address of New Registered Agent

Name

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

100004661791--5

Suite, Apt. #, Etc. -117017O1--01008--011
****750.00 ****750.00

City | State: **FL** | Zip Code

CR2E040 (8/01)

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 _____ Date 10-10-01

REGISTERED AGENT MUST SIGN

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 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)(i), 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: _____ 10-10-01 305-552-1684

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