

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV 24 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 641417

1. Corporation Name
FAST IMPORT-EXPORT CORPORATION

400163099124
11/25/09--01002--015 **300.00

REINSTATEMENT 08-09
CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #
7355 NW 54 ST

3. Mailing Office Address
7355 NW 54 ST

Suite, Apt. #, etc.

City & State
MIAMI - FL

City & State
MIAMI - FL

Zip Country
33166 USA

Zip Country
33166 USA

4. Date Incorporated or Qualified To Do Business in Florida 10/03/1979

5. FEI Number 591949119 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
MEJIA ESLAVA, SIERVO ANTONIO

Street Address (P.O. Box Number is Not Acceptable)
7355 NW 54 ST

Suite, Apt. # Etc.

City State Zip Code
MIAMI FL 33166

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date 11/10/2009
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
PD	MEJIA ESLAVA, SIERVO ANTONIO	7355 NW 54 ST	MIAMI / FL / 33166

10. E-mail Address: amejia@amltada.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 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. 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.

SIGNATURE: MEJIA ESLAVA, SIERVO ANTONIO 11/10/2009 786-664-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #