PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # F08715

1. Corporation Name
OXO CORPORATION
780 NW 42nd Avenue, Ste 422
Miami, Florida 33126

000005044550--1
-03/06/02--01005--016
****900.00 ****900.00

REINSTATEMENT 01-02

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

4. Date Incorporated or Qualified To Do Business in Florida   12/11/1980

5. FEI Number   65-0265331   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
LAZARO R. DIAZ

Street Address (P.O. Box Number is Not Acceptable)
780 NW 42nd Avenue, Ste 422

Suite, Apt. #, Etc.

City	State	Zip Code
MIAMI, FLORIDA	FL	33126

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 _____ (REGISTERED AGENT MUST SIGN)   Date 1/22/02

CR2E081 (9/01)

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
DPS	Remecz, Jose A.	P.O. Box 402 N/A	Estado De Mexico, Mexico CP 53102 OC
DT	Ballasch, Freyra K.	P.O. Box 402 N/A	Estado De Mexico, Mexico CP 53102 OC

10. 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: X _____   1/31/02   305-442-4344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #