

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F11913

1. Corporation Name

EXPRESS IMPORT EXPORT CORP.

2. Principal Office Address

10781 S.W. 48 Terr

3. Mailing Office Address

VIP SAL ENO. 509

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 02-5364

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33165

USA

33102-5364

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/08/1981

5. FEI Number

59-2249233

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

Diaz, Beatriz

500008673045

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

10781 S.W. 40 Terr

10/29/02--01113--030 \*\*458.75

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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 Oct. 18/2002

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	Diaz, Jose Alberto	14629 S.W. 104 St (#494)	Miami, FL 33186
VD	Diaz, Carmen E	14629 S.W. 104 St (#494)	Miami FL 33186
TD	Diaz, Carmen Elisa Jr	14629 S.W. 104 St (#494)	Miami FL, 33186
SD	Diaz, Beatriz E	14629 S.W. 104 St (#494)	Miami FL, 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Alberto Diaz

Date

Oct 18/02

Daytime Phone #

(325) 2288838

CR2E081 (9/01)