

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 15 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F17870

1. Corporation Name

AMERICAN EXPORT PRODUCTS, INC.

2. Principal Office Address

1440 S.W. 78 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33144

Country

U.S.

3. Mailing Office Address

1440 S.W. 78 AVE

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip

33144

Country

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

2-10-1981

5. FEI Number

59-2102327

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

NORMA RENGIFO

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

1440 S.W. 78 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33144

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 04-10-2003

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
PTD	NORMA RENGIFO	1440 S.W. 78 AVE	MIAMI, FL. 33144
VSD	ALVARO URIBE	1440 S.W. 78 AVE	MIAMI, FL. 33144

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] (Norma I. Rengifo)

04-10-2003

Date

Daytime Phone #

CR2E081 (10/02)

2/4/15



American Export Products, Inc.

P.O. Box 441129

Miami, Florida 33144

Phone: (305)264-5998

Fax: (305)266-6682

April 10, 2003

Department of State
Division of Corporations

Dear Sirs:

In reference to: American Export Products Inc. Document No. F 17870 (Dissolution)

We sent a payment of US \$550.00 on August 9, 2003 for the 2002 period
We thought that we had paid last years uniform business report, and were up to date.

I would like to say that, we never received the notice of dissolution.
We would have certainly taken care of that right away.

Thankyou for your help in this matter.

Sincerely,

Alvaro Uribe
VSD