

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 16 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F62161

1. Corporation Name
PEXI, Inc.

2. Principal Office Address
8300 NW 30th Terr.

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33122 USA

3. Mailing Office Address
8300 NW 30th Terr.

Suite, Apt. #, etc.

City & State
Miami, Florida

Zip Country
33122 USA

4. Date Incorporated or Qualified To Do Business in Florida **04/25/1973**

5. FEI Number
59-1311817

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
Jan Herre

Street Address (P.O. Box Number is Not Acceptable)
8300 NW 30th Terr.

Suite, Apt. #, Etc.

City
Miami,

State Zip Code
FL 33122

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 **2/5/04**

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
PRSDT	Heinz Ahrens	8300 NW 30th Terr.	Miami, Florida, 33122
V	Jan Herre	8300 NW 30th Terr.	Miami, Florida 33122
D	Tiziano Mercante	8300 NW 30th Terr.	Miami, Florida 33122
S	Bettina Herre	8300 NW 30th Terr.	Miami, Florida 33122

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:

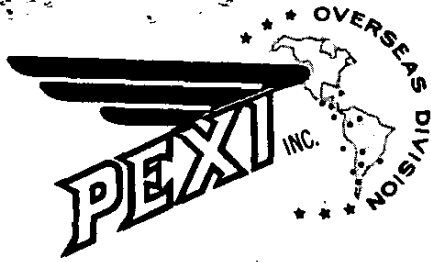
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04 (305) 5929260

Date

Daytime Phone #

CR2E081 (10/02)



**AUTOMOTIVE VEHICLES
CONSTRUCTION EQUIPMENT
SPARE PARTS**

8300 N.W. 30th TERR., Miami, Florida 33122
Phone: (305) 592-9260 • Fax: (305) 592-3138/592-5955
www.pexi.com • email: pexi@pexi.com

January 20, 2004

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

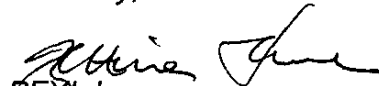
Re: Document # F62161

To Whom It May Concern:

Please be advised that we changed our mailing address to 8300 N.W. 30th Terrace, Miami, FL 33122. Accordingly, we did not receive on a timely basis the Uniform Business Report for the year 2003 and 2004. Attached please find a check for \$300.00 for the filing fees. We respectfully request that you abate any penalties assessed to our account and reinstate our Corporation to an active status.

If you should have any questions or doubts regarding this letter please do not hesitate to contact my accountant, Susan M. Garcia, at (305) 446-7313 Monday-Friday between the hours of 9am to 5pm.

Sincerely,


PEXI, Inc.
Bettina Herre