

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 FEB -9 AM 9:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F98000005345

1. Corporation Name

IMPEX GLOBAL AUTOMATION EXPERTS LTD., CO.

REINSTATEMENT cr-04

2. Principal Office Address

8170 S. EASTERN AVE.

3. Mailing Office Address

4303 W. OSBORNE AVE.

Suite, Apt. #, etc.

SUITE # 4301

Suite, Apt. #, etc.

SUITE # 2

City & State

LAS VEGAS NV.

City & State

TAMPA FL 33614

Zip

89123

Country

USA

Zip

33614

Country

USA

800028401088

02/09/04--01022--019 **1350.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

09/23/1998

5. FEI Number

88-0380583

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

PIAZZA, JULIO

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

4303 W. OSBORNE AVE.

Suite, Apt. #, Etc.

STE #1

City

TAMPA

State

FL

Zip Code

33614

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]

Date 08/05/2003

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
PRES	CONVERSO, JUAN	8603 DRIFTWOOD DR.	TAMPA, FL 33615
VPRES	PIAZZA, JOSE CARLOS	515 CLEVELAND AVE.	LARGO FL 33771

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

[Signature] Juan J. Converso

08/05/2003 (813)673-8100

Date

Daytime Phone #

CR2E081 (10/02)