APPROVED AND FILED

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 JUN -6 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G48894

1. Entity Name
EXPORT AND FINANCE, INC.

Principal Place of Business	Mailing Address
9420 W. FLAGLER STREET, #110 MIAMI, FL 33174	9420 W. FLAGLER STREET, #110 MIAMI, FL 33174

REINSTATEMENT (6/04) 04-05

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO BOX 09-01-4711 Suite, Apt. #, etc.
City & State	City & State GUAYAQUIL - GUAYAS
Zip / Country	Zip / Country 593 / ECUADOR

4. FEI Number
59-2529806

Amended Entity
Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JORDON O EDMUNDO 9420 W FLAGLER ST #110 MIAMI, FL 33174	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ Gq. May 12th, 2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JORDAN O., J. EDMUNDO 9420 W. FLAGLER ST #110 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD JORDAN, M J B 9420 W. FLAGLER ST #110 MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300055146633 05/23/05--01065--006 **908.75
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Gquil. May 12th, 2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #