

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p style="font-size: 2em; font-weight: bold; margin: 0;">07-99 AR</p> <p style="text-align: center;">FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p style="text-align: center;">RECEIVED AND FILED</p> <p style="text-align: center;">99 AUG 20 PM 2:17</p> <p style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																									
<p>DOCUMENT # K48105</p> <p>1. Corporation Name TRIX EXPORTERS, INC</p>																											
<p>Principal Place of Business</p> <p>840 WEST 19 STREET HIALEAH, FL 33010</p>		<p>Mailing Address</p> <p>6163 MIAMI LAKES DRIVE EAST MIAMI, LAKES, FL 33014</p>																									
<p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																											
<p>2. New Principal Office Address, If Applicable 840 WEST 19 ST</p> <p>Suite, Apt. #, etc.</p>		<p>3. New Mailing Address, If Applicable 6163 MIAMI LAKES DRIVE EAST</p> <p>Suite, Apt. #, etc.</p>																									
<p>City & State HIALEAH, FL</p> <p>Zip 33010</p>		<p>City & State MIAMI LAKES FL</p> <p>Zip 33014</p>																									
		<p>4. Date Incorporated or Qualified To Do Business in Florida 11/30/88</p>																									
		<p>5. FEI Number 59-2923071</p>																									
		<p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p>																									
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 25%;">Name of Officers and/or Directors</th> <th style="width: 30%;">Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width: 35%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>GEOFFREY NOEL</td> <td>840 WEST 19 STREET</td> <td>HIALEAH, FL 33010</td> </tr> <tr> <td>D</td> <td>EDWARD GARCIA</td> <td>6163 MIAMI LAKES DRIVE EAST</td> <td>MIAMI LAKES FL 33014</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	D	GEOFFREY NOEL	840 WEST 19 STREET	HIALEAH, FL 33010	D	EDWARD GARCIA	6163 MIAMI LAKES DRIVE EAST	MIAMI LAKES FL 33014												
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<p>300002974713--3 -08/31/99--01045--017 ****473.75 ****473.75</p>																											
<p>8. Name and Address of Current Registered Agent</p> <p>EDWARD GARCIA 6163 MIAMI LAKES DRIVE EAST MIAMI LAKES, FL 33014</p>		<p>9. Name and Address of New Registered Agent</p> <p>Name</p> <p>Street Address (P.O. Box Number is Not Acceptable)</p> <p>Suite, Apt. #, Etc.</p> <p>City</p> <p>State FL Zip Code</p>																									
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent <i>Edward Garcia</i> Date 8/16/99</p> <p style="text-align: center;">REGISTERED AGENT MUST SIGN</p>																											
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																											
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																											
<p>SIGNATURE: <i>Edward Garcia</i></p> <p style="text-align: center;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</p>		<p>8/16/99 305-652-8886</p> <p>Date Daytime Phone #</p>																									

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Associated Tax Consultants, Inc.
6163 Miami Lakes Drive
Miami Lakes, FL 33014
Tel: 305-652-8886
Fax: 305-824-0703

TO: SECRETARY OF STATE

REF: ANNUAL REPORT REINSTATEMENT

To Whom It May Concern:

Our client has not received their annual reports due to moving to new business locations. As per the advice of your Department this is reasonable cause for reinstatement , your offices have also stated that a fee of \$465.00 would have to be paid in this case.

Thanking you in advance for your consideration in this matter.

Sincerely yours,



EDWARD GARCIA, B.B.A., E.A.