2006 FOR PROFIT CORPORATION REINSTATEMENT

_	REINST	ATEMENT	1014	. * Li	TILL.
DOCU	MENT # M16871	, , , , , , , , , , , , , , , , , , , ,		1/5/0	HE MARY OF STATE
Sentity Name GONZALEZ EXPORTING CORP.					AR 30 PH 1:29
					W. 20 LU 1: 58
Principal Plac	e of Business	Mailing Address			
7349 N.W. 54 ST. MIAMI 7349 N.W. 54 ST. MIAMI					
MIAMI, FL 3:	3166	MIAMI, FL 33166			
Principal Place of Business 3. Mailing Address					
4472 NW 74 AVE 4472 NW 74 AVE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			4 AVE		BI BIBN BIAN SIAN BIBN BIBN BIBN BIBNIAN NI IBBN
				03242006 REIN-P	CR2E098 (11/05)
City & State		City & State MIAMI FLO	RIDA	4. FEI Number 59-2546746	Applied For Not Applicable
33/40	Country	33166	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
-5/6	6. Name and Address of Current	Registered Agent		7. Name and Address of New	<u> </u>
GONZALEZ, YOLONDA M 7349 54TH STREET Name GONZALEZ, YOLONDA M Street Address (P.O. Box Number is Mot Acceptable)					
7349 54TH STREET MIAMI, FL 33166 Street Address (P.O. Box Number is Mot Acceptable)					
	1		City	miami	FL Zip Code
8. The above garried 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 Of Cardo Den /8 Den W)					
Signature, typed or printed name of registered agent and title if applicable. (NOTE::Registered Agent signature required when reinstating) DATE					
, FII	LE NOW!!! FEE IS \$300.00				with s. 607.193(2)(b), F.S., the d not receive the prior notice.
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
TITLE NAME	DST GONZALEZ, DARIO	☐ Delete	TITLE	DST	Change Addition
STREET ADDRESS	7349 NW 54TH STREET		NAME STREET ADDRESS	GONZALEZ, DARIO 1472 NW 79 AVE	
CITY-ST-ZIP	MIAMI, FL 33166 DP	Delete	CITY-ST-ZIP	MIAMU, FL 3	23/66 ☐ Change ☐ Addition
NAME	GONZALEZ, YOLANDA	□ Delete	NAME	GOAZAGE, VOGANOA	
STREET ADDRESS City-St-Zip	7349 NW 54TH STREET MIAMI, FL 33166		STREET ADORESS CITY-ST-ZIP	MIAMI ES 331	
TITLE		☐ Delete	TITLE	THE THE PARTY OF T	☐ Change ☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-SI-ZIP		
TITLE NAME		☐ Delete	TITLE NAME	20002	☐ Change ☐ Addition
STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	05/02/06010	3715977 ⁾⁴³ 012 **300.00
TITLE	•	☐ Delete	TITLE		Change Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this beport of suppliergental report is true-fand 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 of the regiever of trustee empowered to execute this report as required by Cylapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an accuracy with an address, with all other like empowered.					
MG - 6 11 5000 11 2 - 78 06					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRPETOR Date Daylone Phone P					
	 		-//		

M. Williams MAR 2 0 2015