

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR -8 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-10

DOCUMENT # M22927

1. Corporation Name

Exporters A & M, Inc.

2. Principal Office Address - No P.O. Box #

1930 NW 23rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

4653 SW 75th Way

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Davie, FL

Zip

33142

Country

US

Zip

33314

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

11/04/1985

5. FEI Number
59-2595893

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

Aero J. Regoli, Jr.

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

4653 SW 75th Way

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33314

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

1/25/10

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
PD	Regoli, A.J.	4653 SW 75th Way	Davie, FL 33314

REINSTATEMENT

RM

10. E-mail Address: ACOBRABALL@aol.com

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

Daytime Phone #

Aero J. Regoli, Jr. President

1/25/10

561 385 0262