

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

01 DEC 10 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M29898

1. Corporation Name

MINDON EXPORT COMPANY

Principal Place of Business

Mailing Address

5805 BLUE LAGOON DRIVE
SUITE 150
MIAMI FL 33126
US

% OWEN S. FREED
2200 MUSEUM TOWER, 150 W. FLAGLER ST.
MIAMI FL 33130-1557

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/03/1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1732 N.W. 82 AVE

City & State

City & State

MIAMI FL

Zip

Country

Zip

Country

33126 DADE

5. FEI Number

59-2654527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
	ROSICHAN, ELLEN	150 W. FLAGLER ST. #2200	MIAMI FL
	AS FREED, OWEN S.	150 W. FLAGLER ST., #2200	MIAMI FL - 33130
P	CEJAR OLEA	1732 N.W. 82 AVE	MIAMI, FL 33126
VP-D	FERNANDO ARIAS	CALLE C # 392, SURCO	LIMA, PERU
S-T	DANIEL ARIAS	CALLE C # 392, SURCO	LIMA, PERU
D			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FEIN, ALAN
2200 MUSEUM TOWER, 150 W. FLAGLER ST.
MIAMI FL 33130

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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.

Signature of
Registered Agent

Alfred J. Freeman
REGISTERED AGENT MUST SIGN

Date

10/23/01

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 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.

300004743093--6

-12/28/01--01078--003

****758.75 ****758.75

SIGNATURE:

OWEN S. FREED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/23/01 305-789-3456

CR2E040 (8/01)