

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB 10 AM 11:22

DOCUMENT # M 62924

1. Corporation Name

South Florida Export, Inc.

2. Principal Office Address

4681 NW 9 ST

Suite, Apt. #, etc.

C-202

City & State

MIAMI

Zip

FL

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT 01-05

4. Date Incorporated or Qualified
To Do Business in Florida

11-24-87

5. FEI Number

59-2144789

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

RAUL HERNANDEZ

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

4681 NW 9 ST

Suite, Apt. #, Etc.

C-202

City

MIAMI

State

FL

Zip Code

33126-2327

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

Date

REGISTERED AGENT MUST SIGN

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
PAST	RAUL HERNANDEZ	4681 NW 9 ST, #C-202	MIAMI, FL 33126-2327

10. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAUL HERNANDEZ PAST 2/2/05 305-447-3822

Date

Daytime Phone #

CR2E081 (01/05)

2 of 2

FELIPE R. RUIZ

CERTIFIED PUBLIC ACCOUNTANT
CERTIFIED FAMILY MEDIATOR
8390 W. FLAGLER STREET, SUITE 219
MIAMI, FL. 33144
TEL. (305) 552-9048
FAX. (305) 559-4094
EMAIL:FRUIZCPA@AOL.COM

February 7, 2005

Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314-6198

Re: South Florida Export
M62924

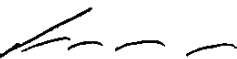
I am enclosing a corporation reinstatement form for the above referenced corporation. With a check for \$750, covering the annual report fee for 2001, 2002, 2003, 2004 and 2005.

Please note, the taxpayer visited your Miami, Fl. Office and was told the Corporation was inactive. In 2001 the Corporate offices were moved from the address reflected on your website to the address reflected on the reinstatement form.

The taxpayer had made the change of address with the Department of Revenue, not realizing that the change would not affect the records of the Division of Corporations. It is for this reason that the taxpayer never received the annual report or any notices from the Division of Corporations. It was not the intentions of the taxpayer not to pay it's annual report; therefore, we respectfully request a waiver of the reinstatement and late penalties.

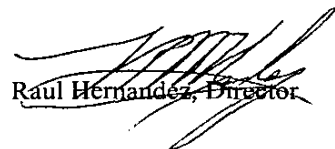
If you need any additional information regarding this matter feel free to call.

Sincerely,



Felipe R. Ruiz

Under penalty of perjury, I declare that I have examined the above statement including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.


Raul Hernandez, Director