

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 31 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000043358

1. Corporation Name

DOMINICAN EXPORT, INC.

900011597569
01/31/03--01075--009 **900.00

2. Principal Office Address

8435 S.W. 156 Ct

Suite, Apt. #, etc.

1015

City & State

Miami, Florida

Zip
33193

Country
U.S.A.

3. Mailing Office Address

8435 S.W. 156 Ct.

Suite, Apt. #, etc.

1015

City & State

Miami, Florida

Zip
33193

Country
U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/01/2000

5. FEI Number

65-1005507

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

Luis R. Cruz

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

8435 S.W. 156 Ct

Suite, Apt. #, Etc.

1015

City

Miami

State
FL

Zip Code
33193

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 01/29/2003

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
P/S/D	Luis R. Cruz	8435 S.W.156 Ct # 1015	Miami, FL 33193

REINSTATEMENT 02-03 TO

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

1/29/03

Date

305-299-5420

Daytime Phone #

CR2E081 (10/02)