

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

DOCUMENT # P00000060335

1. Corporation Name  
L.J.V. LTDA IMPORT-EXPORT, INC

2. Principal Office Address 7372 NW 12 STREET Suite, Apt. #, etc. SUITE 205 City & State MIAMI, FL Zip 33126		3. Mailing Office Address 7372 NW 12 STREET Suite, Apt. #, etc. SUITE 205 City & State MIAMI, FL Zip 33126	
Country U.S.	Country U.S.	Country U.S.	Country U.S.

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business In Florida 06/21/2000	5. FEI Number 65-1044835	Applied For Not Applicable
6. CERTIFICATE OF STATUS DEEDED <input type="checkbox"/>		

7. Name and Address of Current Registered Agent

Name  
LUIS JESUS VARGAS

Street Address (P.O. Box Number is Not Acceptable)  
7372 NW 12 STREET

Suite, Apt. #, Etc.  
SUITE 205

City  
MIAMI

State  
FL

Zip Code  
33126

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0503, F.S.

Signature of Registered Agent *[Signature]* Date 1/31/02

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
PD	VARGAS, LUIS JESUS	7372 NW 12 ST., STE 205	MIAMI, FL 33126
VP	VARGAS, JAVIER	7372 NW 12 ST., STE 205	MIAMI, FL 33126

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 807 or 817, 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 807.0401 or 817.0401, F.S., that all taxes 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)(f), 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]* Date 1/31/02 Daytime Phone # 305-448388

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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To:  
Division of Corporations  
Fax Number : (850)205-0384

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

**CORPORATION REINSTATEMENT**

**L.J.V. LTDA IMPORT-EXPORT, INC.**

Certificate of Status	0
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