

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 AUG 25 PM 2:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000064759

1. Corporation Name

EXIM OF MIAMI CORP.

2. Principal Office Address

13205 S.W. 137th AVENUE

3. Mailing Office Address

231 ALTARA AVENUE

Suite, Apt. #, etc.

SUITE 130

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

CORAL GABLES, FLORIDA

Zip

33186

Country

USA

Zip

33146

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-1021868

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

SARA GUERRERO

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

13205 S.W. 137th AVENUE

Suite, Apt. #, Etc.

SUITE 130

City

MIAMI,

State

FL

Zip Code

33186

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

*Sara Guerrero*

REGISTERED AGENT MUST SIGN

Date 08/20/2003

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
PD	MARIO J. CANESSA	13205 S.W. 137th AVENUE, #130	MIAMI, FLORIDA 33186
VD	JORGE L. ANDRADE	13205 S.W. 137th AVENUE, #130	MIAMI, FLORIDA 33186

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

08/20/2003 ✓

Date

Daytime Phone #

CR2E081 (10/02)