

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB 26 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000070618

1. Corporation Name

SUREXPORT, CORP.

2. Principal Office Address

169 E Fragler Street

Suite, Apt. #, etc.

1534

City & State

Miami, FL

Zip

33131

Country

USA

3. Mailing Office Address

169 E Flagler Street

Suite, Apt. #, etc.

1534

City & State

Miami, FL

Zip

33131

Country

USA

REINSTATEMENT

01-02

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

07/25/2000

5. FEI Number

65-1046823

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

John M. MacDaniel

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

2 South Biscayne Blvd.

Suite, Apt. #, Etc.

Ste. 2975

City

Miami

State

FL

Zip Code

33131

200005096827-3
-03/12/02-01042-013
****908.75 ****908.75

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 02-04-02

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	Adalberto Ortega Rojas	19380 Collins Avenue	Sunny Island, FL 33180
V	Luis Felipe Ortega Cabrera	19380 Collins Avenue	Sunny Island, FL 33180
S	Nancy Patricia Cabrera Ruiz	19380 Collins Avenue	Sunny Island, FL 33180

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

Date

Daytime Phone #

02-04-02 (305) 933-2152

CR2E081 (9/01)