

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 APR 15 AM 9:00

DOCUMENT # P00000104030

1. Corporation Name

ECUAEX CORPORATION U.S.A.

8420 NW 52 STREET
8420 NW 52 STREET

2. Principal Office Address
8420 NW 52 STREET

3. Mailing Office Address
8420 NW 52 STREET

Suite, Apt. #, etc.

SUITE 107

Suite, Apt. #, etc.

SUITE 107

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33166

Country

USA

Zip

33166

Country

USA

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

5. FEI Number
65-1069722

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

GARY D. MALFELD, ATTORNEY AT LAW

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

8420 NW 52ND STREET

Suite, Apt. #, Etc.

SUITE 107

City

MIAMI

State

FL

Zip Code

33166

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

Gary D. Malfeld
REGISTERED AGENT MUST SIGN

Date

March 18, 2005

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	CRUZ, PATRICIO	JIMENEZ DE LA ESPADA #180	QUITO, ECUADOR
STD	CRUZ, ANDRES	JIMENEZ DE LA ESPADA #180	QUITO, ECUADOR
		300053920783 05/05/05--01052--017 **150.00	
		300053920783 05/05/05--01052--018 **750.00	

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 #

Paula Rey

Dec 29/04

*01159322
507504*

CR2E081 (01/04)