


2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P00000110161		
1. Entity Name CABRERA MARTINEZ EXPORT INC.		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 MAY -5 AM 9:30

Principal Place of Business 14555 SW 139TH CT. MIAMI, FL 33186	Mailing Address 61 GRAND CANAL DR. 20 MIAMI, FL 33144
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO Box 651337
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05012009 REIN-P CR2E098 (1/07)

City & State MIAMI FL		4. FEI Number 65-1058141	Applied For <input type="checkbox"/> Not Applicable
Zip 33265	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CABRERA, ADALGISA J 14555 SW 139TH CT. MIAMI, FL 33186		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CABRERA, ADALGISA J 14555 SW 139TH CT. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CABRERA, ISIDRO A 14555 SW 139TH CT. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CABRERA, DAVID 14555 SW 139TH CT. MIAMI, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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05/05/09--01041--007 **300.00

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08-09

REINSTATEMENT

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Isidro Cabrera ISIDRO CABRERA 4/30/09 305/266-5187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #