

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAY 21 AM 7:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116306

**1. Corporation Name**

INFLOREX USA, CORPORATION

**2. Principal Office Address**

1029 West 29th Street

Suite, Apt. #, etc.

Suite # 1 (2nd Floor)

City & State

Hialeah, Florida

Zip

33012

Country

USA

**3. Mailing Office Address**

3971 S.W. 8th Street

Suite, Apt. #, etc.

Suite # 206

City & State

Miami, Florida

Zip

33134

Country

USA

500019679215  
05/21/03--01047--007 \*\*300.00

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

12/21/2000

**5. FEI Number**

65-1074110

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

Pedro C. Donates

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

3971 S.W. 8th Street

Suite, Apt. #, Etc.

Suite # 206

City

Miami

State

FL

Zip Code

33134

**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

Date 05/13/03

REGISTERED AGENT MUST SIGN

**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	Cornejo Mignone, Carlos	310 y Suiza	Quito, Ecuador
SD	Camacho Pulido, Alvaro	310 y Suiza	Quito, Ecuador

**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:**

Alvaro Camacho Pulido

05/13/03

(305) 461-0047

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

5/27



JACKSON-BLOCK & ASSOCIATES, INC.  
\* Coral Gables \* Hollywood \*

May 13, 2003

**Florida Department of State  
Division of Corporations - Reinstatement Section  
409 East Gaines Street  
Tallahassee, Florida 32399**

RE:     SUBJECT:     *Inflorex USA Corporation*  
          REFERENCE #: *P00000116306*  
          FEI No.:    *65-1074110*  
          FORM:       *CORPORATION REINSTATEMENT*

Dear Sirs:

Please be advised that enclosed is a completed Corporation Reinstatement for the above mentioned corporation. The required Uniform Business Reports were not filed because they were never received at the mailing address previously listed. When we contacted your office we were instructed to write this letter explaining the reason we had not filed and include it with the Corporation Reinstatement form and fee of \$300.00.

If there should be any questions or problems, we would appreciate you contacting us.

Sincerely yours,

Pedro C. Donates  
Registered Agent for Inflorex USA Corporation

3971 S.W. 8<sup>th</sup> Street, Suite 206  
Coral Gables, FL 33134  
(305) 461-0047  
(305) 461-0049

1933 Pembroke Road  
Hollywood, FL 33120  
(954) 922-8603  
Fax (954) 922-8604