

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

11/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 DEC 29 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000025494

1. Corporation Name

INTERNATIONAL EXPORT DISTRIBUTORS, CORP.

900063482899
01/12/06--01003--002 **150.00

REINSTATEMENT

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| | | | |
|---|---------|---|---------|
| 2. Principal Office Address 306 ALCAZAR AVE. | | 3. Mailing Office Address 306 ALCAZAR AVE. | |
| Suite, Apt. #, etc. STE: 302 | | Suite, Apt. #, etc. STE: 302 | |
| City & State CORAL GABLES, FL | | City & State CORAL GABLES, FL | |
| Zip 33134 | Country | Zip 33134 | Country |

| | |
|--|---|
| 4. Date Incorporated or Qualified To Do Business in Florida 03/12/2001 | |
| 5. FEI Number 651084443 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

7. Name and Address of Current Registered Agent

Name
RODRIGUEZ, FERNANDO
Street Address (P.O. Box Number is Not Acceptable)
306 ALCAZAR AVE.
Suite, Apt. #, Etc.
STE: 302
City
CORAL GABLES

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-29-2005

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 |
|--------|-----------------------------------|--|------------------------|
| P/D | RODRIGUEZ, FERNANDO | 306 ALCAZAR AVE. STE: 302 | CORAL GABLES, FL 33134 |
| V/D | ORDONEZ, ADRIANA | 306 ALCAZAR AVE. STE: 302 | CORAL GABLES, FL 33134 |
| | | | |
| | | | |
| | | | |
| | | | |

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-29-2005

Date

Daytime Phone #

K. Eekel DEC 29 2005

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TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

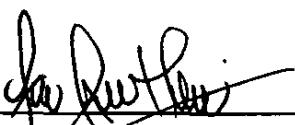
TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

PLEASE BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE FOR THE YEAR OF 2005 FROM YOUR OFFICE TO PAY THE ANNUAL FEE. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS COMPANY IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY,



FERNANDO RODRIGUEZ
DIRECTOR