

102
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

04 SEP 23 AM 8:00

DOCUMENT # PD1000062145

1. Corporation Name

COMEFEX Corp.

2. Principal Office Address

13953 SW, 66th STREET

Suite, Apt. #, etc.

404-B

City & State

Miami, Florida

Zip

33183

Country

USA

3. Mailing Office Address

13953 SW, 66th STREET

Suite, Apt. #, etc.

404-B

City & State

Miami, Florida

Zip

33183

Country

USA

REINSTATEMENT 03-04
MRD

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1127818

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

JULIO NESTOR MARTINEZ

300041444213

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

13953 SW 66th STREET

09/29/04--01040--013 **300.00

Suite, Apt. #, Etc.

404-B

City

Miami

State

FL

Zip Code

33183

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

Julio N. Martinez
REGISTERED AGENT MUST SIGN

Date

9-21-04

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
<u>PD</u>	<u>JANE E. REYES GARLING</u>	<u>13953 SW, 66th ST</u> <u># 404-B</u>	<u>Miami, FL, 33183</u>

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:

Julio N. Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9-21-04

Daytime Phone #

CR02081 (01/04)

2072
POWER OF ATTORNEY

I, Jane Elizabeth Reyes hereby appoint as his attorney in fact to act in their name and stead, Julio Nestor Martinez in the following matter:

- In all matters related to the execution of any document and disclosure of information to be given to the State Department of Florida for the re-activation, establishment of good standing, and new registration of Comefex Corporation in the State of Florida.

It is understood that this power of attorney does not give Julio Nestor Martinez the right to enter into a financial contract.

This power of attorney is irrevocable through January 1, 2005, and can be freely exercised by said Julio Nestor Martinez without any conditions.

IN WITNESS WHEREOF, the foregoing Power of Attorney was executed this 24 day of August, 2004.

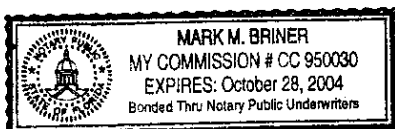
Jane E. Reyes
JANE E. REYES

08/24/2004
DATE

State of Florida)
)
County of Miami-Dade)

I HERE CERTIFY that on this day, before me, an officer duly authorized to take acknowledgments, personally appeared, JANE E. REYES, not taking oat and personally known to me, or who provided the following ID: 1024 12200 445 59547-0
And they acknowledged executing the same in the presence of two subscribing witness freely and voluntarily.

WITNESS my hand and official seal in the County and State last aforesaid this 24 day of August, 2004.



Mark M. Briner
NOTARY PUBLIC