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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 JUN 26 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000071785

1. Corporation Name

IMPORT EXPORT BP CORP.

2. Principal Office Address

2550 NW 79TH AVENUE

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

3. Mailing Office Address

2550 NW 79TH AVENUE

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI, FLORIDA

Zip

33122

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 07-20-2001

5. FEI Number

26-0414812

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

LEODAN MEANA

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

2550 NW 79TH AVENUE

Suite, Apt. #, Etc.

SUITE 200

City

MIAMI

State

FL

Zip Code

33122

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

Leodan Meana

Date 06-23-2007

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
P,V,T,S	LEODAN MEANA	2550 NW 79TH AVENUE - SUITE 200	MIAMI, FL 33122

200104985532
06/28/07--01047--001 **300.00

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:

Leodan Meana

06-23-2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (01/04)

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


TO WHOM IT MAY CONCERN:

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

BE ADVICE THAT I NEVER RECEIVED THE ANNUAL REPORT NOTICE SINCE THE YEARS OF
2006 & 2007 FROM YOUR OFFICE TO PAY THE ANNUAL FEES FOR MY COMPANY. 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 TIME AND CONSIDERATION IN THIS MATTER. AND IF
YOU HAVE ANY FURTHER QUESTION PLEASE FEEL FREE TO CONTACT US.

CORDIALLY YOURS,


LEODAN MEANA
P/V/T/S