

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG 19 PM 4:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000078964

1. Corporation Name

CSA IMPORT & EXPORT, INC.

2103 CORAL WAY, SUITE 306

2103 CORAL WAY, SUITE 306

2. Principal Office Address

2103 CORAL WAY, SUITE 306

3. Mailing Office Address

2103 CORAL WAY, SUITE 306

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33145

Country

USA

Zip

33145

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 08/10/2001

5. FEI Number

651134639

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

BETTY BLANCO, ESQUIRE

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

2103 CORAL WAY, SUITE 306

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33145

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 08/16/2004

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	ANTONIO AMOES	2103 CORAL WAY, SUITE 306	MIAMI, FLORIDA 33145
VP/D	MARIA AUGUSTA AMOES	2103 CORAL WAY, SUITE 306	MIAMI, FLORIDA 33145

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

08/16/2004

Date

(305)856-3100

Daytime Phone #

CR2E081 (01/04)