PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 14 PM 2:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000084189

1. Corporation Name
The Import & Export Land, Inc

2. Principal Office Address
6724 N.W. 72 Ave

Suite, Apt. #, etc.

City & State
Miami, FL.

Zip
33166

Country

3. Mailing Office Address
13205 SW 137th Ave

Suite, Apt. #, etc.
#112

City & State
Miami, FL.

Zip
33186

Country

REINSTATEMENT 03-04 TR

4. Date Incorporated or Qualified To Do Business in Florida 8/27/2001

5. FEI Number 65-1132528   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 Hamilton Bezerra

Street Address (P.O. Box Number is Not Acceptable)
14716 SW 132 ct.

Suite, Apt. #, Etc.

City Miami

State FL   Zip Code 33186

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 _____   REGISTERED AGENT MUST SIGN   Date 5/10/04

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
P	Bezerra, Hamilton	14716 SW 132 ct. Miami, FL. 33186	Miami, FL. 33186
VD	Bezerra, Angela	14716 SW 132 ct.	Miami, FL. 33186
			200037389352 05/28/04--01003--012 **900.00

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: _____ Hamilton Bezerra. 5/10/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #