

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Pg 1 of 2

FILED

02 DEC -4 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P01000118593

1. Corporation Name

COMEREX, CORP.

2. Principal Office Address

3101 INDIAN CREEK

Suite, Apt. #, etc.

#203

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

2423 GALIANO ST.

Suite, Apt. #, etc.

City & State

Coconut Gables, FL

Zip

33134

Country

USA

800009345988
12/04/02--01029--020 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

12-14-01

5. FEI Number

94-3414396

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

Jose Alejandro Ruiz

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

6855 Abbott Av

Suite, Apt. #, Etc.

202

City

Miami

State

FL

Zip Code

33141

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 11/14/02

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
DP	Jose Alejandro Ruiz	6855 Abbott Av Apt 202	Miami, FL, 33141
VP	Claudia Esparza	1131 N.W 126 Cwt	Miami, FL, 33182
VP	Jimmy Kun	6855 Abbott Av Apt 202	Miami, FL, 33141

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Alejandro Ruiz

Date

11/14/02 (305) 4760176

Daytime Phone #

CR2E081 (9/01)

78 1215



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 14, 2001

COMEREX, CORP.
3101 INDIAN CREEK DR #203
MIAMI BEACH, FL 33140

The Articles of Incorporation for COMEREX, CORP. were filed on December 14, 2001, and assigned document number P01000118593. Please refer to this number whenever corresponding with this office.

This document was electronically received and filed under FAX audit number H01000121385.

A corporation annual report/uniform business report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding corporations, please contact this office at the address given below.

Sincerely,
Becky McKnight
Document Specialist
New Filings Section
Division of Corporations

Letter Number: 601A00065874