

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVAL AND FILED

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 JUL 12 AM 8:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000120519*

1. Corporation Name

B.M.H EXPORT & IMPORT CORP.  
2050 CORAL WAY SUITE#401  
MIAMI, FL 33145

2. Principal Office Address

2050 CORAL WAY

3. Mailing Office Address

7803 SW 88 ST

Suite, Apt. #, etc.

401

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33145

Country

U.S.A

Zip

33156

Country

U.S.A

4. Date Incorporated or Qualified To Do Business in Florida

01/01/02

5. FEI Number

01-0549951

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED  Additional Fee required for a Certificate of Status

**REINSTATEMENT** *13-05*

7. Name and Address of Current Registered Agent

Name

*BERNARDO A. MARTINEZ*

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

*7803 S.W. 88<sup>TH</sup> ST F 304*

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

*33156*

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]*

Date

*07/11/05*

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
PSTD	BERNARDO A. MARTINEZ	<i>7803 S.W. 88<sup>TH</sup> ST F 304</i>	MIAMI, FL 33156

400057895124  
07/28/05--01019--013 \*\*1050.00  
400057895124  
07/28/05--01019--014 \*\*8.75

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

*07/11/05*

Date

*305-559-4341*

Daytime Phone #

CR2001 (01/04)