

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPROVAL
AND
FILED

05 APR 20 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *PD2000023607*

1. Corporation Name

B & A Export Corp.

REINSTATEMENT *03-05*

MRS

2. Principal Office Address

8262 NW South River Drive

3. Mailing Office Address

Suite, Apt. #, etc.

Same

City & State

Medley, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

04-3635685

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

Alfredo SALABARRIA

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

8262 NW S. River Drive

Suite, Apt. #, Etc.

City

Medley

State
FL

Zip Code

33166

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

7/18/05

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
<i>Pres.</i>	<i>Alfredo SALABARRIA</i>	<i>8262 NW S. River Drive</i>	<i>Medley, FL 33166</i>

600054686516
*05/17/05--01065--005 **450.00*

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Alfredo Salabarría Pres. 4/18/05

CR2E081 (01/05)