

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 13 PM 4:27

DOCUMENT # P02000026024

1. Corporation Name

M.P.M. Export & Import, Inc

2. Principal Office Address

400 Kings Point Dr

Suite, Apt. #, etc.

1519

City & State

Miami, FL

Zip

33160

Country

USA

3. Mailing Office Address

400 Kings Point Dr

Suite, Apt. #, etc.

1519

City & State

Miami, FL

Zip

33160

Country

USA

REINSTATEMENT

03

✓

4. Date Incorporated or Qualified  
To Do Business in Florida

3/8/02

5. FEI Number

✓ 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

Magdalena A. Perez

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

400 Kings Point Dr

Suite, Apt. #, Etc.

1519

City

Miami

State

FL

Zip Code

33160

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

10/28/03

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
PRSD	Magdalena Perez	400 Kings Point Dr #1519	Miami FL 33160

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

10/29/03

Daytime Phone #

786-200-4270

11/17/03

2/2

M.P.M. Export & Import, Inc.

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400 Kings Point Drive  
Suite 1519  
Miami, FL 33160

October 29, 2003

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Application for Reinstatement

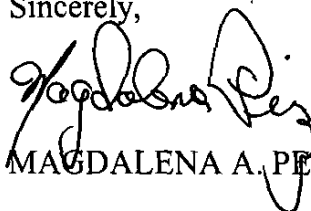
Dear Sirs:

We have recently received the notice informing that the above referenced corporation was on September 19, 2003 for failure to file the 2003 Annual Corporate Report. However, we did not have prior notice that the report had not been filed and would not have allowed the corporation to dissolve had we known. In fact, the report was completed and the check for \$150.00 was tendered, but apparently never received by the Department of State.

We have enclosed herewith a completed Application for Reinstatement and the fee of \$150.00, representing the annual fees for 2003, and request that the corporation be reinstated as we did not know it was subject to dissolution.

Thanking you in advance for your consideration of this matter.

Sincerely,



MAGDALENA A. PEREZ

MP:hs