

107-2
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

04 JAN 27 AM 8:00

DOCUMENT # P0200007450

1. Corporation Name

Pelmex Trading INC.

2. Principal Office Address

11349 NW 57 Ln

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

USA

3. Mailing Office Address

11349 NW 57 Ln

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33178

Country

USA

REINSTATEMENT

03-04
MRB

5/5/03 91766 028 150.00

4. Date Incorporated or Qualified

To Do Business in Florida 6/28/02

5. FEI Number

33-102753-8

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

Enrique V. Chaud

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

11349 NW 57 Ln

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33178

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

10/22/03

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
P	Enrique Chaud	11349 NW 57 Ln	Miami, FL 33178

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

10/22/03

Date

786-2556519

Daytime Phone #

CR2E081 (10/02)

282

Pelmex

LATIN AMERICA

TECHNOLOGY DISTRIBUTOR

11349 NW 57 Ln. Miami FL 33178

Tel (305) 477-6228 Fax (305) 477-4460

Miami, January 26, 2004

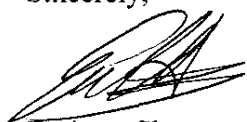
To:
Florida Department of State
Division of Corporations

Dear Sirs:

Please reconsider my request for reinstatement since we never received any communication from you indicating any correction or missing information regarding our Annual Report. I found out on October 22, 2003 that our corporation was under "Admin Dissolution for Annual Report" when I checked the records of our Company through www.sunbiz.org. I was explained by one of your officers, at that time, that we should send you a letter requesting the reinstatement and explained that the Florida Department of State received our application on time and cashed our check.

If I would have received any communication from you before, I would have sent the proper communication to you immediately. Please consider this for waiving us for the \$600 that you are asking us to reinstate our company.

Sincerely,



Enrique Chauca
President
Pelmex Trading

Doc# P02000071450