## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPO REINSTA		Secretar	TMENT OF STATE by of State corporations		FILED	0.10	
DOCUMENT # P02000076174				2007	FEB 12 PH 1	Z: 40	
1. Corporation Name					ORETANT	ALE ORIDA	
FAST EXPORT, INC.				IALL	MIMOULL, I E	OTTION Fig.	
				600088533706 02/19/0701002005 **1358.75			
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address							
	W 26TH AVE			CR2E081 (1/07)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. Date Incorporated or Qualified			
City & State		City & State		To Do Business in Fiorida 0//12/2002			
MIAMI				5. FEI Number	20-836173	Applied For Not Applicable	
<sup>Zip</sup> 33142	USA USA	Zip	Country	6	OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent						<u></u>	
Name XIOMARA FIGUEROA				The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Street Address (P.O. Box Number is Not Acceptable) 2256 NW 26TH AVE							
Suite, Apt. #, Etc.							
City MIAMI State 33 <sup>Zip Code</sup>							
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 02/02/07		
9. Names and Street Addresses of Each Officer and/or Director (Fiorida nonprofit corporations must list at least 3 directors)							
Titles Name of Street Address of Eac Officers and/or Directors Officer and/or Directors					City	/ State / Zip	
PD GI	GUILLERMO ROSARIO		2256 NW 26TH AVE		MIAMI, FL	33142	
	B 2/15						
REINSTATEMENT 03-67							
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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 filling 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 contained in Chapter 119, 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: (A & De 9							
SIGNATURE: Guillermo Rosario STATURE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					Date	Daytime Phone #	