

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 12:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000095110**

1. Corporation Name

TERIMEX CORP.

Principal Place of Business

Mailing Address

C/O 848 BRICKELL KEY DR STE 2302
MIAMI FL 33131

C/O 848 BRICKELL KEY DR STE 2302
MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/2002

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	REYES, JUAN C	C/O 848 BRICKELL KEY DR STE 2302	MIAMI FL 33131

8. Name and Address of Current Registered Agent

REYES, JUAN C
C/O 848 BRICKELL KEY DR STE 2302
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature
Registered Agent

REGISTERED AGENT MUST SIGN

Date 10/21/03

11. 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

JUAN CARLOS REYES

Date

10/21/03

Daytime Phone #

CR2E040 (7/03)

10/21/03

To whom it may concern,

The letter of application for reinstatement that I recieved was placed in my mail last week.

I never got any prior letters to this one. I never recieved any letters saying that I had to pay in order for the company to not be cancelled.

As advised by one of your representatives over the phone, I am sending a check for \$150.00 dollars.

I ask you to please waive the rest of the fees, for I never recieved any prior