

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

REINSTATEMENT 03



400021075224
10/24/03--01017--029 **150.00

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

4. Date Incorporated or Qualified To Do Business in Florida

09/03/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

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

JR 10/29

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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

[Signature]
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]
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 received was placed in my mail last week.

I never got any prior letters to this one. I never received 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 received any prior