

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000115229

1. Corporation Name
OOPS IMPORT & EXPORT, INC.

8424 N.W. 56th STREET
8424 N.W. 56th STREET

2. Principal Office Address
8424 N.W. 56th STREET.

3. Mailing Office Address
8424 N.W. 56th STREET

Suite, Apt. #, etc.
LOG SAL 4311

Suite, Apt. #, etc.
LOG SAL 4311

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33166 USA

Zip Country
33166 USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
13-4224623

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
JACOBO S. ZACARIAS

Street Address (P.O. Box Number is Not Acceptable)
8424 N.W. 56th STREET

Suite, Apt. #, Etc.
LOG SAL 4311

City
MIAMI

State Zip Code
FL 33166

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 11-16-2004

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
PD	JACOBO S. ZACARIAS	8424 NW 56TH ST SAL LOG 4311	MIAMI, FLORIDA 33166

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-16-2004

CR2E081 (01/04)

292

November 5, 2004

Florida Department of State
Division of Corporations
Ms. Ruby Dunlap
P.O. Box 6327
Tallahassee, Florida 32314

RE: OOPS IMPORT & EXPORT, INC.
Document #P02000115229
Corporation Reinstatement

Dear Madam:

Enclosed find our Corporation Reinstatement Report and our check for \$150.00 for the filing fee for the year 2004.

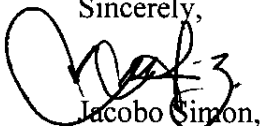
Please be advised that due to the change of mailing address, we never received the Uniform Business Reports in the mail. On this date, our accountant notified us that the reports had not been filed and needed to be filed immediately.

Our correct mailing address is:

8424 N.W. 56th Street
LOG SAL 4311
Miami, Florida 33166

We apologize for any inconvenience and thank you for your cooperation in this matter.

Sincerely,


Jacobo Simon,
President