FROM : LAZARUS

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000058752

1. Entity Name
CHAVEZ IMPORT & EXPORT, INC.

FILED
06 APR 20 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
810 ALTON ROAD
SUITE #4
MIAMI BEACH, FL 33139

Mailing Address
810 ALTON ROAD
SUITE #4
MIAMI BEACH, FL 33139

REINSTATEMENT (1/05) 05-06

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
36-4532484
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~MERCADO, CARLOS E
810 ALTON ROAD
SUITE #4
MIAMI BEACH, FL 33139~~

7. Name and Address of New Registered Agent

Name: MARTHA Chavez
Street Address (P.O. Box Number is Not Acceptable): 1904 Marseille Dr. # 1
City: Miami Beach FL Zip Code: 33141

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Martha Chavez
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHAVEZ, AUGUSTO E		NAME		
STREET ADDRESS	1904 MARSEILLE DR. APT. 1		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33141		CITY-ST-ZIP		
TITLE	VSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHAVEZ, JUAN C		NAME	500072888925	
STREET ADDRESS	275 WARD STREET		STREET ADDRESS	04/28/06--01052--020 **300.00	
CITY-ST-ZIP	NEW BRUNSWICK, NJ 08901		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J Chavez 04/12/06 (305) 479-6507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #