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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 OCT 16 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000066726

1. Corporation Name

EXPORTERS, INC

2. Principal Office Address

315 BERE AVE

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1756

Suite, Apt. #, etc.

City & State

KEYSTONE HEIGHTS FL

City & State

KEYSTONE HEIGHTS FL

Zip  
32656

Country  
US

Zip  
32656

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

6/13/2003

5. FEI Number

510469838

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

GEORGE W MURRAY

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

315 BERE AVE

Suite, Apt. #, Etc.

City

KEYSTONE HEIGHTS FL

State  
FL

Zip Code  
32656

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

*George W Murray*  
REGISTERED AGENT MUST SIGN

Date 10/12/2006

**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
P	GEORGE W MURRAY	315 BERE AVE	KEYSTONE HEIGHTS FL

510090983826  
10/15/06--01020--021 \*\*458.75

**REINSTATEMENT**

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 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:

*George W Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/12/2006

Date

904-688-0174

Daytime Phone #

20 10/19

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# EXPORTERS Inc

P O Box 1756 Keystone Heights FL 32656  
sales@exportersinc.com

Tel 904-688-0174 Fax 904-688-0176  
www.exportersinc.com

October 12, 2006

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee  
FL 32314

Dear Sirs,

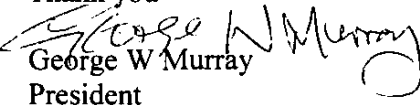
Re: EXPORTERS INC: Reinstatement

Please find enclosed Reinstatement application form for EXPORTERS INC dly completed as required.

We would respectfully request waiver of reinstatement fee owing to the fact that according to our records we never received any correspondence regarding annual reports etc for the years in question 2004-2005-2006.

Accordingly we enclose our check for \$450 plus \$8.75 for Certificate of Status and would appreciate your cooperation in this matter.

Thank you

  
George W Murray  
President

Exporters Inc: