2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000071017

1. Entity Name

LetyEXPORT CORP.

FILED
05 DEC 20 PM 1:27

Principal Place of Business	Mailing Address
1784 W FLAGLER ST STE 14 MIAMI, FL 33135	17150 COLLINS AVE #225 SUNNY ISLES BEACH, FL 33160

01042005 REIN-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
1784 W FLAGLER ST	17150 COLLINS AVE
Suite, Apt. #, etc.: 14	Suite, Apt. #, etc.: 225
City & State: MIAMI, FL	City & State: SUNNY ISLES BEACH FL
Zip: 33135 Country: U.S.A	Zip: 33160 Country: U.S.A.

4. FEI Number: 412101196 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HENRIQUEZ, LETICIA 1784 W FLAGLER ST STE 14 MIAMI, FL 33135	Name: Nydia Laboy Street Address (P.O. Box Number is Not Acceptable): 17150 Collins Ave #225 City: Sunny Isles Beach FL Zip Code: 33160

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: Nydia Laboy 12-19-05

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP Jose Suarez 16851 NE 23 AVE STE 515 Miami FL 33160	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP NYDIA LABOY 17150 COLLINS AVE #225 SUNNY ISLES BEACH, FL 33160	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	200062512 ☒ Change ☐ Addition 12/30/05--01055--016 **308.75	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT 04-05 B 12/20/05	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Nydia Laboy