

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000072753

1. Corporation Name

IMPORTEX GROUP, INC.

2. Principal Office Address - No P.O. Box #

3001 PONCE DE LEON BLVD

Suite, Apt. #, etc.

100

City & State

CORAL GABELS, FL

Zip

33134

Country

USA

3. Mailing Office Address

3001 PONCE DE LEON BLVD

Suite, Apt. #, etc.

100

City & State

CORAL GABELS, FL

Zip

33134

Country

USA

7. Name and Address of Current Registered Agent

Name

ROBERT LANSKY

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

1001 BRICKELL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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 **06/20/2012**

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/S | HERNANDEZ, ANIEL | 3001 PONCE DE LEON BLVD | CORAL GABELS, FL 33134 |
| VP | GOMEZ, JORGE | 3001 PONCE DE LEON BLVD | CORAL GABELS, FL 33134 |
| T | RUIZ, MAITE | 3001 PONCE DE LEON BLVD | CORAL GABELS, FL 33134 |
| REINSTATEMENT | | | |
| JUN 26 2012 | | | |
| R. HUNT | | | |

10. E-mail Address: **PUBLICACCOUNTING@ATT.NET**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

12 JUN 26 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/2003

5. FEI Number

200070529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

400236819804
06/26/12--01013--006 **1200.00