

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000103094

1. Corporation Name

EXMOR Corporation

2. Principal Office Address

271 E. 1ST Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

711 Sharar Ave.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Opa Locka FL

Zip

33010

Country

Dade

Zip

33054

Country

Dade

REINSTATEMENT

CR2E081 (12/09)

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/2003

5. FEI Number

20-8715174

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

Odelaide Santa-Cruz

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

711 Sharar Ave.

Suite, Apt. #, Etc.

City

Opa Locka

State

FL

Zip Code

33054

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

Date 3/27/07

REGISTERED AGENT MUST SIGN

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 | Odelaide Santa-Cruz | 711 Sharar Ave. | Opa Locka, FL 33054 |
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700096008857
04/08/07--01047--025 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/07

Date

Daytime Phone #

2/2

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$ 300.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2006 and 2007 or any other notice from the Division of Corporations in respect with the Corporation **EXMOR CORPORATION**.

Thank you for your courtesy in this matter.



ODELAINE SANTA CRUZ