

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. JUN 26 AM 11:03

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000066806

1. Corporation Name

IEXTECSA GROUP, CORP.

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

8600 NW South River Dr. 19410 NW 48 CT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Medley FL

City & State

OPA LOCKA FL

Zip

33166

Country

USA

Zip

33055

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

4/22/2004

5. FEI Number

26-0359824

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HUMBERTO MACHIN BARRABI

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

8600 NW South River Dr.

Suite, Apt. #, Etc.

City

Medley

State

FL

Zip Code

33166

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

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
PD	Humberto Machin Barrabi	8600 NW South River Dr.	Medley FL 33166

000184986738  
06/28/07--01047--004 \*\*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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

@. Mitchell JUN 26 2007