

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000133788

1. Entity Name  
VERDE EXPORT CORP.



FILED

06 DEC -5 PM 1:14

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
501 NE 14TH AVE., #104  
HALLANDALE BCH, FL 33009

Mailing Address  
501 NE 14TH AVE., #104  
HALLANDALE BCH, FL 33009

2. Principal Place of Business

3. Mailing Address

7955 NW 12 Street  
#400

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Miami FL

Zip

Country

Zip  
33126

Country

State

12012006

REIN-P

CR2E098 (11/05)

06

4. FEI Number

20-3641839

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

VERDE, ISABEL C  
501 NE 14TH AVE., #104  
HALLANDALE BCH, FL 33009

Name

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

City

FL

Zip Code

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

Isabel Gishner Seale

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME VERDE, ISABEL C  
STREET ADDRESS 501 NE 14TH AVE., #104  
CITY-ST-ZIP HALLANDALE BCH, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Isabel Gishner Seale

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/30/06

Date

Daytime Phone #