

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


07 FEB 12 AM 8:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300088463773  
02/16/07--01004--029 \*\*300.00

REINSTATEMENT 06-07

CR2E081 (1/07)

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05000134510

1. Corporation Name

**AGM International Corp.**

2. Principal Office Address - No P.O. Box # 2000 Ponce De Leon Blvd.	3. Mailing Office Address 2000 Ponce De Leon Blvd.
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Suite, Apt. #, etc. Ste. # 600	Suite, Apt. #, etc. Ste. # 600
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City & State Coral Gables, Florida	City & State Coral Gables, Florida
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Zip 33134	Country USA	Zip 33134	Country USA
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4. Date Incorporated or Qualified  
To Do Business in Florida 09/30/2005

5. FEI Number 20-3565627 ☐ 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 Francisco J. Villegas, CPA, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 100 Almeria Avenue	
Suite, Apt. #, Etc. Suite No. 200	
City Coral Gables	State FL
Zip Code 33134	

☒ 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 *Francisco J. Villegas* Date 02/01/2007  
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/D	Antonio Gijon Diaz	2000 Ponce De Leon Blvd. #600	Coral Gables, FL. 33134

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

02/01/2007

Date

305-441-2105

Daytime Phone #

22/13