

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000129136

1. Entity Name
COMPUEXPORT TRADING, INC



FILED

07 OCT 29 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8478 NW 72 ST
MIAMI, FL 33166

Mailing Address

8478 NW 72 ST
MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #

8232 NW South River DR.
Suite, Apt. #, etc.
Medley, Florida
City & State

3. Mailing Address

8232 NW South River DR.
Suite, Apt. #, etc.
Medley, FL
City & State



10/25/07 10:25 AM 07E098 (1/07) 07

REINSTATEMENT

4. FEI Number

20-5678197

Applied For

Not Applicable

Zip
33166

Country
USA

Zip
33166

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, CHRISTIAN
8478 NW 72 ST
MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name

Martinez, Christian

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

8232 NW South River Drive

City
Medley

FL

Zip Code
33166

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

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

(NOTE: Registered Agent signature required when reinstating)

10/25/07

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, 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
NAME
STREET ADDRESS
CITY - ST - ZIP
P
MARTINEZ, CHRISTIAN
8478 NW 72 ST
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
CARO, MIRYAN
8478 NW 72 ST
MIAMI, FL 33166 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CITY - ST - ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
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☐ Change ☐ Addition

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 an officer like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/07