

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 10 AM 10:57

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07000079075

1. Corporation Name
International Export
Enterprise Corp.

2. Principal Office Address - No P.O. Box # <u>1922 Madison ST</u>		3. Mailing Office Address <u>7758 NW</u>	
Suite, Apt. #, etc. <u>Apt 6</u>		Suite, Apt. #, etc. <u>44 ST</u>	
City & State <u>Hollywood FL</u>		City & State <u>Sunrise</u>	
Zip <u>33020</u>	Country <u>USA</u>	Zip <u>FL 33351</u>	Country <u>USA</u>

700138034847
11/18/08--01009--009 **150.00
CR2E081 (10/08)

4. Date Incorporated or Qualified
To Do Business in Florida 07-11-2007

5. FEI Number 26-0517534 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 Tsis Isabel

Street Address (P.O. Box Number is Not Acceptable)
7758 NW 44 ST

Suite, Apt. #, Etc.

City Sunrise State FL Zip Code 33351

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] Date 10 2008

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
<u>P</u>	<u>Daniel Rodriguez</u>	<u>1922 Madison ST Apt 6 Hollywood FL 33020</u>	<u>FL 33020</u>

11/12/08

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: Daniel A Rodriguez Date 10 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR