

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 27 PM 3:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000018585

1. Corporation Name

AEXA CORPORATION

2. Principal Office Address
490 NW 107 AVENUE

3. Mailing Office Address
EMILIO J. MASFORROLL CPA

Suite, Apt. #, etc.

Suite, Apt. #, etc.
11180 W FLAGLER # 11

City & State

PEMBROKE PINES, FL

City & State

MIAMI, FL

Zip

33026

Country

BROWARD

Zip

33174

Country

MIAMI-DADE

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

65-0403558

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
CLARA BARRANCO

Street Address (P.O. Box Number is Not Acceptable)
490 NW 107 AVENUE

Suite, Apt. #, Etc.

City

PEMBROKE PINE,

State

FL

Zip Code

33026

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

Clara Barranco

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
D	CLARA BARRANCO	490 NW 107 AVE	PEMBROKE PINES FL 33026
D	ELENA SANCHOYERTO	11921-NW 19 ST	HOLLYWOOD, FL 33026

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 under section 119.07(3)(i), 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:

Clara Barranco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(954) 443 3576

Daytime Phone #

CR2E081 (10/02)

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AEXA Corporation
490 NW 107 Ave.
Pembroke Pines, FL 33026
954-443-3516

Pembroke Pines, March 24th, 2003

Corporate Reinstatement
Florida Department of State
Secretary of State
Division of Corporations

Dear Sirs:

According to our conversation of 3/21/03, we are sending the Reinstatement Application for AEXA Corporation, Document P93000018585, FEIN-65-0403558.

Because of a change in address, we did not receive the UBR forms.

Thank you very much for your attention to this important matter.

Sincerely,


Clara Barranco
Registered Agent