

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P93 000062959

1. Corporation Name

EXPORT EXCHANGE ENTERPRISES LTD., INC.
13800 SW 18 ST
MIAMI, FL 33184

2. Principal Office Address

13800 SW 18 ST.

Suite, Apt. #, etc.

157

City & State

MIAMI, FLORIDA

Zip

33184

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

09/09/1993

5. FEI Number

65-0434120

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

HERIBERTO PEREZ

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

13800 SW 18 ST

Suite, Apt. #, Etc.

157

City

MIAMI

State

FL

Zip Code

33184

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

Heriberto Perez

REGISTERED AGENT MUST SIGN

Date 03/01/2001

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
PVST	HERIBERTO PEREZ	13800 SW 18 ST SUITE 157	MIAMI, FL 33184

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:

Heriberto Perez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/01/2001

Date

305-551-1846

Daytime Phone #