

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 DEC 14 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000063572

1. Corporation Name
GOR Export Import, Inc.

2. Principal Office Address - No P.O. Box #
8901 SW 10 Terr
Suite, Apt. #, etc.

3. Mailing Office Address
8901 SW 10 Terr
Suite, Apt. #, etc.

City & State
Miami FL
Zip
33174
Country
USA

City & State
Miami FL
Zip
33174
Country
USA

500163589595
12/14/09--01061--021 **1050.00
REINSTATEMENT 07-09
CR2E081 (11/09)

4. Date Incorporated or Qualified To Do Business in Florida
9-13-93

5. FEI Number
65-0444873
 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
CANTIZANO, ANA J.

Street Address (P.O. Box Number is Not Acceptable)
8901 SW 10 Terr.

Suite, Apt. #, Etc.

City
Miami State
FL Zip Code
33174

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 12-10-09
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
PTD	Ochoa, Fulgencio M.	8901 SW 10 Terr	Miami FL 33174
VD	Acevedo, Dionisia	8901 SW 10 Terr	Miami FL 33174
SD	CANTIZANO, ANA J.	8901 SW 10 Terr	Miami FL 33174

10. E-mail Address: _____
(To be used for future annual report notification)

11. 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. I further certify, 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] Date 12-10-09 (305) 225-6082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

12/10/09