

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

9803

03 JAN 17 PM 2:54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P93000063572

1. Corporation Name

GOR EXPORT IMPORT, INC.

2. Principal Office Address

8901 SW 10 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33174

Country

USA

3. Mailing Office Address

8901 SW 10 Terr.

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33174

Country

USA

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

MARIO M. OCHOA

900010143999

01/16/03--01016--017 **900.00

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

8901 SW - 10 Terr.

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code

33174

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

Mario M. Ochoa

Date 1-13-03

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
PT	Mario M. Ochoa	8901 SW 10 Terr.	Miami FL 33174
VPS	Rafael Garcia	8901 SW 10 Terr.	Miami FL 33174

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:

Mario M. Ochoa

1-13-03

(305) 331-4752

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/99)