

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

REMOVED
AND
FILED

98 NOV 18 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000068338

1. Corporation Name

INTER-AMERICAN EXPORTS AND IMPORTS, INC.

Principal Place of Business

Mailing Address

1929 NW 20 ST
MIAMI FL 33142
US

1929 NW 20 ST
MIAMI FL 33142
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/01/1993	
City & State		City & State		5. FEI Number	
Zip		Country		65-0440811	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SALAZAR, BLANCA	1925 N.W. 20TH ST.	MIAMI FL 33142
D	GUERRA, ROSA ANGELICA G	1925 N.W. 20TH ST.	MIAMI FL 33142

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SALAZAR, BLANCA
1929 N.W. 20TH STREET
MIAMI FL 33142

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information on intangible tax.)

12. 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.

Please see attached letter

SIGNATURE

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25040 (9/98)

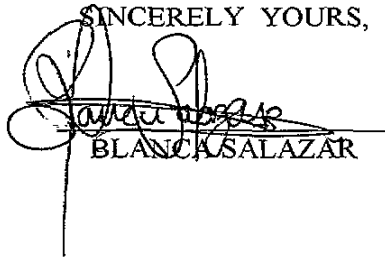
**INTERAMERICAN EXPORT & IMPORT
1929 NW 20 ST.
MIAMI FLORIDA 33142**

TO: FLORIDA DEPARTMENT OF STATE
ATT: REINSTATEMENT SECTION
RE: DOCUMENT # P93000068338

TO WHOM IT MIGHT CONCERN,

I AM ADDRESSING YOU ON BEHALF OF MY COMPANY TO BRING TO YOUR ATTENTION THAT ON MY HANDS I HAVE A NOTICE OF ADMINISTRATIVE DISSOLUTION OF MY CORPORATION. THE PROBLEM LAYS ON THAT I HAVE NOT RECEIVED ANY PREVIOUS NOTICES OF PAYMENT WHICH I WOULD HAD BEEN HAPPY TO PAY AS YOU WOULD SEE OUR RECORD SHOWS NO PREVIOUS DELAYS OR LACK OF PAYMENTS OF THIS FEE. NOW TO MY SURPRISE, THE FEE IS \$750.00 THAT I DONT HAVE, PLEASE CONSIDER MY GOOD RECORD OF PAYMENTS AND THE LACK OF PREVIOUS NOTICES, AND PLEASE CHARGE US THE REGULAR FEE, I APPRECIATE IN ADVANCE YOUR EXCELLENT GESTURE, AND THANK YOU A LOT.

SINCERELY YOURS,



BLANCA SALAZAR