

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

97 JAN -2 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000082469

1. Corporation Name

ALEXMEX S.A.C.V., INC.

Mailing Address

Principal Place of Business

7681 West 15th Court
Hialeah, Florida 33014

7681 West 15th Court
Hialeah, Florida 33014

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

12/02/93

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0451808

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
Dir	Hechavarria, Carmen	1665 W. 68 St, Ste# 206	Hialeah, FL. 33014
Dir	Hechavarria, Carlos	1665 W. 68 St, Ste#206	Hialeah, Florida 33014

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***375.00 ***375.00

981-3-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Hechavarria, Carmen
1665 W. 68 St, Ste# 206
Hialeah, FL. 33014

Name
Carmen Hechavarria
Street Address (P.O. Box Number is Not Acceptable)
1665 W. 68 St, Ste# 206
Suite, Apt. #, Etc.
City
Hialeah

State
FL
Zip Code
33014

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

Carmen Hechavarria

REGISTERED AGENT MUST SIGN

Date 12/27/94

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for Information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Carmen Hechavarria

12/27/94 (305) 828-1277

CR2E040 (6/94)