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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	DO NOT WRITE IN THIS SPACE FILED 98 JUN -9 AM 11:37
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Read Instructions on Other Side Before Making Entries:
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: **DOCUMENT # P94000049290**

EAC EXPORT CORP.

REINSTATEMENT

97-98
AD

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

TALLAHASSEE, FLORIDA

Address: **6979 NW 82 AVE**

City and State: **MIAMI, FL.** Zip Code: **33166-2766**

3. If Principle Office Address is different from mailing address, enter address below:

Address:

City and State: Zip Code:

4. Date Incorporated or Qualified To Do Business in Florida 07/01/94	5. FEI Number 65-0501921	FEI Number Applied For	6. \$8.75 Additional Fee required for a Certificate of Status
		FEI Number Not Applicable	CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>

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
DPS	CAIRATI, ANDRESS	6979 NW 82 Ave,	Miami, Fl. 33166-2766
D	VEGA, JOSE M	25 SE 2 Ave,	Miami, Fl. 33131
			300002557149-9 -06/11/98-01058-021 *****8.75 *****8.75
			300002557149-9 -06/11/98-01058-022 *****900.00 *****900.00

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

ANDRES CAIRATI
6957 NW 82 Ave
Miami, Fl. 33166

9. If changed, new registered agent / office

Name: **JOSE M. VEGA**

Street Address (Do NOT Use P.O. Box Number): **25 S.E. 2 Ave**

Street Address (Do NOT Use P.O. Box Number): **410**

City: **MIAMI** State: **FL.** Zip: **33131**

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: *Jose M. Vega* Date: **6-8-98**

REGISTERED AGENT MUST SIGN

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 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 of Officer or Director: *Jose M. Vega* Date: **6-8-98** Daytime Phone #: **305-539-9050**

CFR040 (8/92)