

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

APPLICATION FOR REINSTATEMENT

DOCUMENT # **994000049290**

1. Corporation Name  
**EAC EXPORT CORP.**

FILED  
 99 NOV 15 PM 3:53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
**3552 ESTEPONA AVENUE.  
 MIAMI, FLORIDA 33178**

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

**REINSTATEMENT 99**

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.		7/1/94 <b>SP</b>	
City & State		City & State		5. FEI Number	
Zip		Country		65-0501921	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input 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
PRES.	ANDRES CARATI	3552 ESTEPONA AVENUE	MIAMI, FL, 33178

800003062948--1  
 -12/07/99--01049--001  
 \*\*\*750.00 \*\*\*750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name <b>Andres Carati</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>3552 ESTEPONA AVE</b>	
		Suite, Apt. #, Etc.	
		City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33178</b>	

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 REGISTERED AGENT MUST SIGN Date **11/9/99**

11. This corporation owes 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.

SIGNATURE: 10/19/99 305-594-5872  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2081 (12/96)