

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

97 OCT 20 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR **95-97** REINSTATEMENT

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

DOCUMENT # **P94000078144** *WPA 20992*

1. Corporation Name
Miami Express Import & Export, Inc.

Principal Place of Business Mailing Address

**4910 SW 148th Place
Miami, FL 33185**

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc. **N/A**
City & State **FL**
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc. **N/A**
City & State **FL**
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida **10/24/94**

5. FEI Number **65-0533245** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	Rita Amaral Ayoub	4910 SW 148th Place	Miami, FL 33185

REINSTATEMENT 95-97
A. Alan
10/20/97
200002927382-0
-10/22/97--01103--011
*****1080.00 ***1080.00**

8. Name and Address of Current Registered Agent

Rita Amaral Ayoub
4910 SW 148th Place
Miami, FL 33185

9. Name and Address of New Registered Agent

Name **N/A**
Street Address (P.O. Box Number is Not Acceptable) **N/A**
Suite, Apt. #, Etc. **A**
City **FL** 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 *Rita Amaral Ayoub* Date **OCT. 15, 1997**
REGISTERED AGENT MUST SIGN

11. 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.)

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: *Rita Amaral Ayoub* **RITA AMARAL AYOUB** 9/30/97 (305) 227-2088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E(040) (12/96)