

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -5 AM 11:05

DOCUMENT # P94000083662

1. Corporation Name
CRA Export & Import, Inc.
3300 East 4th Avenue # 6
Hialeah, FL 33013

WDS-52758

200062131342
12/14/05--01007--005 **8.75

200062131342
12/14/05--01007--003 **1000.00

200062131342
12/14/05--01007--004 **350.00
81-05

2. Principal Office Address
3300 E. 4th Ave #6

3. Mailing Office Address
Carlos R. Abreu

Suite, Apt. #, etc.
Hialeah, FL

Suite, Apt. #, etc.
8640 SW 212 St #301

City & State

City & State
Miami FL

Zip
33013 Country
USA

Zip
33189 Country
USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida 11/16/94

5. FEI Number
65-0550157 Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Carlos R. Abreu
Street Address (P.O. Box Number is Not Acceptable)
8640 SW 212 St # 301
Suite, Apt. #, Etc.
City
Miami

State
FL Zip Code
33189

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent Date NOV. 28, 2005
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/s/T	Carlos R. Abreu	8640 SW 212 St # 301	Miami, FL 33189

10. 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: 11/28/05 (305) 303-4148
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/50