*	PLEASE READ	ALL INSTRUCT	IONS BEFORE		ING THIS FURIVI.	
RE US	RORATION CONTRACTOR OF THE PART OF THE PAR	Katheria Secretar	RTMENT OF STATE ine Harris ry of State corporations	]	FILED SEURETARY OF 51 SEVISION OF CORPORA OI MAR 13 PM 5:	AIE ATIONS Of
nocu	MENT # P9500	0020502	2			·
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	on Name Dave Impart & E:	xport, INC.				
2. Principal (	Office Address  NW 95 Av.	3. Mailing Office Address	Mailing Office Address  1660 NW 95 Av			
Suite, Apt. #,		Suite, Apt. #, etc.	e, Apt. #, etc.		processors as a consequent of the second of	
				4. Date incorp To Do Busi	porated or Qualified iness in Florida MARCL	1-1995_
City & State	ni, FLORIDA	City & State  Mi Ami, P	Mi Ami, PLORIDA		<b>5.</b> FEI Number Applied For Not Applicable	
Zip	Country	Zip	Country	6.		Not Applicable
33/	72 USA	33172	USA			Additional Fee required a Certificate of Status
7. Name and Address of Current Registered A						
	Street Address (P.O. Box Number is N 1660 NW 9 Suite, Apt. #, Etc.			8	000038903 -03/21/010 ****300.00	30:36 1052-004 ****300.00
2 i baing a	ppointed the registered agent of the abo	am named corporation, am	familiar with and accept the	abligations of section		
<b>8.</b> I, being all Signature of Registered A	gent Gulit Chal			Obligations C. 555	Date	-01
9. Names a	and Street Addresses of Each Officer an	d/or Director (Florida nonpro			·r·	
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip	
ρ	Castaneda, Yul				mi Ami, PL. 3	3186
νP	Pastuneda, Pata	109 1540	it Sw 115 Ter	m.	Mi Ami, Fc. 33196	
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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 filling 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.



1660 NW 95 Av. Miami, FL 33172

Tel. No. 305-597-9097 \* Fax No. 305-597-7119

March 9, 2001

Florida Department of State Division of Corporations
Tallahassee, fl 32314

**RE: Corporation Reinstatement** 

Dear Sir or Madam:

As per our Conversation with one of your representatives by the beginning of this month, we explained to her that our company didn't filed the annual report for last year because it was mailed to our old address, so we never got the paper work to returned the processed application to your office.

Your representative requested that we mail this letter to the Division of Corporations explaining the reason why we didn't filed the annual report, so as I told before in this message it was due to a matter outside of our hands.

Along with this letter I'm sending our Corporation Reinstatement application and a check for \$300.00, this was the amount your officer told us will cost us to reinstate our Corporation, since we didn't made a mistake and if we send an explanation for not filling the application.

If you have any questions don't hesitate to call us.

Cordially,

Yuliet Castaneda

President