

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR 25 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000055369**

1. Corporation Name

AMEXCO - AMERICAN EXPORT CO., INC.

2. Principal Office Address

245 SE 1ST STREET

Suite, Apt. #, etc.

SUITE 311

City & State

MIAMI, FL

Zip

33131

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

4. Date Incorporated or Qualified
To Do Business in Florida

07-14-95

5. FEI Number

65-0599917

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

ERIVAN DOS SANTOS

Street Address (P.O. Box Number is Not Acceptable)

10651 SW 108 AVE

Suite, Apt. #, Etc.

APT. 1-H

City

MIAMI

State

FL

Zip Code

33176

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/7/03

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
PRES.	ERIVAN DOS SANTOS	10651 SW 108 AVE	MIAMI, FL 33176

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:

[Signature]

ERIVAN DOS SANTOS

4/7/03

(305) 436-2216

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

2012

Amexco – American Export Co. Inc.
245 SE 1st. Street – Suite 311
Miami, FL 33131
Tels. (305) 436-2216 California (559) 709-5155

Division of Corporations
P.O.Box 6327
Tallahassee, FL 32314

Attn Ms Michelle Milligan

Dear Ms Milligan,

~~As per our phone conversation early this week I came to asking for the reinstatement of~~
my corporation. And as I have explained to you I left Florida and moved to California
and left my Florida Corporation in operation and in good standards. The person I had
employed and left in charge of my corporation took advantage of me and did not act
honestly to me.

Leaving bills unpaid, using the money for personal purposes and causing me to loose
some clients and I didn't know of my corporation been inactive for lack of payment of
the annual report filing, or the payment she submitted were to pay for my corporation and
also to her own corporation and the check having the returned as NSF.


Since I had entrusted her managing my business, she had control of my banking and all
aspects of the business.

**I did not receive notification from your office advice me of the returned
check and the 60 days notice of intent of dissolve the corporation.
Therefore I request the Dept. of State to wave the reinstatement fee and
any penalties**

Please find attached copies of NSF check uncollected from the person who were working
for me as well as a letter requesting the bank to remove her as an authorized signer in
the account. Her actions caused me to loose money and some business.

I appreciate your cooperation.

Sincerely,


Edivan Santos
President