

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

05 JUN 22 AM 11:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P9500058466*

1. Corporation Name

*EXPISA INC*

*WUSU00027969*

2. Principal Office Address

*5805 BLUE LAGOON DR*

Suite, Apt. #, etc.

*300*

City & State

*MIAMI, FL*

Zip

*33126*

Country

*U.S.A*

3. Mailing Office Address

*5805 BLUE LAGOON DR*

Suite, Apt. #, etc.

*300*

City & State

*MIAMI, FL*

Zip

*33126*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*15-0599692*

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

*DIXON PIRELA*

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

*5805 BLUE LAGOON DR*

Suite, Apt. #, Etc.

*300*

City

*MIAMI*

State

*FL*

Zip Code

*33126*

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

*05/24/05*

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
D	STORNO ANTONI	5805 BLUE LAGOON DR SUITE 300	MIAMI, FL 33126
D	PIRELA DIXON	5805 BLUE LAGOON DR SUITE 300	MIAMI, FL 33126
D	MARRONE C/AUDIO	5805 BLUE LAGOON DR SUITE 300	MIAMI, FL 33126

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]* *Dixon Pirela*

Date

*05/24/05*

Daytime Phone #

*305-2661812*

CR2E081 (9/00)