

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 JUN 13 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000076586**

1. Corporation Name

Occidental de Importación USA, Inc.

500005765475--3

-06/13/02--01055--001

******900.00 ****900.00**

2. Principal Office Address

5770 NW 72 Av.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 226828

Suite, Apt. #, etc.

City & State

Miami FL.

City & State

Miami FL.

Zip

33166

Country

USA

Zip

33122

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10-06-1995

5. FEI Number

65-0612112

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

Alberto J. Ruiz

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

5770 NW 72 Ave.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33166

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

REGISTERED AGENT MUST SIGN

Date

6-11-2002

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	OMAR CONTRERAS	5131 NW 114th CT	Miami - FL 33178
VP	MORELLA CONTRERAS	5131 NW 114th CT	Miami - FL 33178
TS	Alberto Ruiz	5770 NW 72 Av	Miami - FL 33166

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

6-11-2002

Date

305-594-0502

Daytime Phone #

CR2E081 (9/01)