

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000000407**

1. Corporation Name

AREXPO CENTER CORP.

Principal Place of Business

4623 FOREST HILL BLVD
109-5
WEST PALM BEACH FL 33415
US

Mailing Address

4623 FOREST HILL BLVD
109-5
WEST PALM BEACH FL 33415
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT



200024050072
10/23/03--01059--006 **150.00

4. Date Incorporated or Qualified
To Do Business in Florida

01/03/1996

5. FEI Number

65-0644406

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	ASPEILL, OLGA C ASPRILLA, OLGA C.	1325 WORTHINGTON STREET	WEST PALM BEACH FL 33401
S	MILLAN, NANCY H	1325 WORTHINGTON ST	WEST PALM BEACH FL 33401
P	CORDOBA, JAIRO JOHN C	1530 FOREST HILL BLVD APT 9	WEST PALM BEACH, 33406

8. Name and Address of Current Registered Agent

ASPEILL, DEGA C
1325 WORTHINGTON ST
WEST PALM BEACH FL 33401

9. Name and Address of New Registered Agent

Name **JAIRO J. CORDOBA CORTES**
Street Address (P.O. Box Number is Not Acceptable)
1530 FOREST HILL BLVD
Suite, Apt. #, Etc. **9**
City **WEST PALM BEACH** State **FL** Zip Code **33406**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-15-03**

11. 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

JAIRO J. CORDOBA CORTES

Date

11-03-03

Daytime Phone #

561-641-3272

CR2E040 (7/03)

October 16, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

Re: Arexpo Center Corp.
P96000000407
Reinstatement

To Whom It May Concern:

Yesterday I called your offices in reference to the above and was told to write a letter explaining why I had not paid the \$150.00 of the corporation.

The reason is that I never received a notice to pay this report. I became president of the Corporation during 2002 and did not know about it. This is the first one I received. I am now also the new registered agent and have included my address so this will not happen in the future. Enclosed please find check for \$150.00.

Sincerely,

Jairo John C. Cordoba, President