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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

JUN -6 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDASECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN -6 AM 10:52APPROVED
AND
FILED

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000036944

1. Corporation Name

INTER-AMERICAN EXPORT CORP.

Principal Place of Business

Mailing Address

7832 COLLINS AVE. STE. 503

MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable

2801 NW 74th AVE

Suite, Apt. #, etc.

216

City & State

MIAMI

FL

Zip

33122

County

DADE

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/29/96

5. FEI Number

65-0663185

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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P	ANTONIO LEAL	7832 COLLINS AVE. #503	MIAMI BEACH FL

REINSTATEMENT 97-98-99

SCC 1-6-99

8. Name and Address of Current Registered Agent

ANTONIO LEAL

7832 COLLINS AVE. # 503

MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/4/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.Yes ☒ No ☐(See other side for information
on intangible tax.)

12. 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., 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)(f), 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

Date

(305) 955-7120

Daytime Phone #

Prepared by: Antonio Leal 7832 Collins Ave, Miami Beach, FL 33141 (305) 955-7120

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Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 922-4004

From: Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

CORPORATION REINSTATEMENT

INTER-AMERICAN EXPORT CORP.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$1,058.75