

1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 MAR 18 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P96000036944

**1. Corporation Name**  
INTER-AMERICAN EXPORT GROUP CORP.  
7832 COLLINS AVE. STE. 503  
MIAMI BEACH, FL 33141

<b>2. Principal Office Address</b> 6595 NW 36 ST.		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc. STE. 213-A		Suite, Apt. #, etc.	
City & State VIRGINIA GARDENS, FL		City & State	
Zip 33166	Country USA	Zip	Country

**REINSTATEMENT 02-04**

**4. Date Incorporated or Qualified To Do Business in Florida** 04/29/1996

<b>5. FEI Number</b> 65-0663185	<b>Applied Fee</b> Not Applicable
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**6. CERTIFICATE OF STATUS DESIRED**  **59.75** Additional fee required for a Certificate of Status.

**7. Name and Address of Current Registered Agent**

Name  
**ANTONIO A. LEAL**

Street Address (P.O. Box Number is Not Acceptable)  
**7832 COLLINS AVE.**

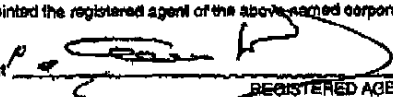
Suite, Apt. #, Etc.  
**STE. 503**

City  
**MIAMI BEACH**

State  
**FL**

Zip Code  
**33141**

**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 **04/17/2004**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	ANTONIO A. LEAL	7832 COLLINS AVE. STE. 503	MIAMI BEACH, FL 33142

**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)(b), 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:**  **03/17/2004** **786-265-7272**

SIGNATURE AND VERIFIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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Florida Department of State  
Division of Corporations  
Public Access System

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To:

Division of Corporations  
Fax Number : (850)205-0394

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 GROUP CORP.**

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