

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

2. Principal Office Address 6595 NW 36 ST.		3. Mailing Office Address	
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

5. FEI Number 65-0663185	Applied Fee Not Applicable
------------------------------------	--------------------------------------

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

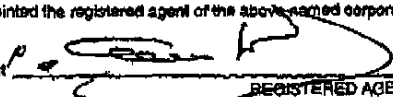
Street Address (P.O. Box Number is Not Acceptable)
7832 COLLINS AVE.

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  **Date** 04/17/2004

REGISTERED AGENT MUST SIGN

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:  **Date** 03/17/2004 **Daytime Phone #** 786-265-7272

SIGNATURE AND VERIFIED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2022

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000058629 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$1,050.00

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)