PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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C REN	RATIO A EME	TH WE	n !	Catherin Secretary	· -	91	FILED SECRETARY OF STATE VISION OF CORPORAT OI APR 30 AM 9:5	£ 10115 7	
		# P9600	1986B	30E	>				
	REOS E	EXPRESO PL	LMIRD T	INTER4	BTONAL				
15300 S.W. 43 Court 15					43 Courl	REINSTATEMENT DOL			
Suite, Apt. #, etc.			Suite, Apt. #,	etc.			porated or Qualified	/	ا
City & State			City & State			To Do Busi	To Do Business in Florida O7/17/1996 5. FEI Number Applied For		-
MIRANAR			MIRAWAR		<u>FL</u>		65-0683589 Not Applicable		
zip 330°		U.S.A	Zip 33027		Country	6. CERTIFICATE	E OF STATUS DESIRED S8.75 A	dditional Fee require Certificate of Status	d
					Iress of Current Regist	ered Agent	a de la companya de l		
	Name MARIO GARCIA Street Address (P.O. Box Number is Not Acceptable) 15300 S. W. 43 Court				100004213601 - 3 -05/14/01 01011 005 *****300.00 *****300.00				
	Suite, Apt. #, Etc.								
	City						State Zip Code FL 33027		
B. I, being appointed the registered agent of the above named corporation, am fa Signature of Registered Agent REGISTERED AGENT MUST:					Date3/9/0/				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofi					corporations must list at least 3 directors)				
Titles	Name of Officers and/or Directors				Street Address of Ea Officer and/or Direct		City / State / Z	.ip	
- p	JARAMILLO, ALEJANDRA			788C	W. 20 Ave.	Bay #25	Hialeah /F	=1/33027	
V	JARAMIllo, JUAN JOSE			7880 I	N. 20 Ase E	BAY # 25	HIALEAN/FL/3	3027	
T	HARCIA, NARIO			15 <i>30</i> 0	S.W. 43 COURT		MIRAWAR/FL/	33Ø27	
S	JARAMILO, JAUIGTE			7880	D. 20 Ave. Brey # 25		Huleah/FL/33027		
							\	BRS/10	
10. I certify that I am an officer or director or the receiver or trustee empowered to 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 signature. SIGNATURE: SIGNATURE And TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phane #									
	X 1	A 1 AL						,	×

Florida Department of State Division of Corporation Reinstatement fees.

APRIL 24,2001

From: Correos Expreso Palmira INTL CORP.

DOCUMENT# P96000060308

15300 SW 43 CT.

MIRAMAR FLA. 33027

We are sending \$300.00 to reinstate the Corporation CORREOS EXPRESO PALMIRA INTERNATIONAL CORPORATION.

Please, consider a waiver of late fee. the reason why is because file form did not arrived to my mailing address at that time it was send to 7066 nw 77 ct. and we are not longer at this address since 05/1999. My original form state that my mailing address has been 15300 sw 43 Ct. Miramar, fl. 33027. Now is showing the correct address because we had send a change of address on 03/27/01.

Thank you,

ALEJANDRA JARAMILLO

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