

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 750.00

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000065839

1. Corporation Name  
EXPOFER, INC.

FILED

97 NOV 21 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
15920 SW 105 ST.  
MIAMI FL 33196

Mailing Address  
15920 SW 105 ST.  
MIAMI FL 33196



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

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida  
08/07/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650-71-2528

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

Country

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
DP	GUERRERO, MARIA V	15920 SW 105 ST.	MIAMI FL 33196
DS	CARLON, ESPERANZA	15920 SW 105 ST.	MIAMI FL 33196

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-11/26/97--01102--005  
\*\*\*\*758.75 \*\*\*\*758.75

JB  
11-21-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GUERRERO, MARIA V  
15920 SW 105 ST.  
MIAMI FL 33196

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 607.0505, F.S.

Signature of Registered Agent *Maria V. Guerrero*

REGISTERED AGENT MUST SIGN

Date 10-22-97

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., 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)(l), 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: *Maria V. Guerrero*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-97 (305)3859801

Date

Daytime Phone #

CR2E040 (8/97)