

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

Please see letter as attached.  
Not a reinstatement application  
but an "active" filing

DOCUMENT # P96000074695

1. Corporation Name

EXODUS IMPORT & EXPORT INTERNATIONAL, INC.

Principal Place of Business

9264 NEPTUNES BASIN COURT  
BOCA RATON FL 33434

Mailing Address

9264 NEPTUNES BASIN COURT  
BOCA RATON FL 33434

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1996

5. FEI Number

65-0695148

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	SITAHAL, SUSAN M	9264 NEPTUNES BASIN COURT	BOCA RATON FL 33434

000008755910  
11/01/02--01044--008 \*\*150.00

8. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11. 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)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/25/02

CR2E040 (8/02)

**Exodus Import & Export  
International Inc.**

9264 Neptune Basin Ct.  
Boca Raton, FL 33434  
Phone: 561-477-6184  
Fax: 561-477-9164

October 27, 2002

Florida Department of State  
Division of Corporations

Dear Sir or Madam:

Please be advised that I did not receive a copy of the corporation annual report/uniform business report, and hence did not submit a filing for the period January 1 to May 1. I have just received however, a notice of Administrative Dissolution or Revocation and called in to your department and was advised to write this letter and submit my fees. All information on file for this company is currently unchanged. Please advise if I need to submit a different filing form or this letter and current form will suffice.

Sincerely,

A handwritten signature in black ink, appearing to read "Susan Sitahal", with a long horizontal flourish extending to the right.

Susan Sitahal  
President