

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 AUG -6 PM 5:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000083766**

1. Corporation Name **EX-WORKS MIAMI, CORP.**

2. Principal Office Address
8356 NW 66 Street

3. Mailing Office Address
8356 NW 66 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country
U.S.A.

Zip
33166

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
65-0700440

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
RAFAEL FREIRE

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

8356 NW 66 Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33166

800004548383-4
-08/22/01--0103--006
*******308.75 *** *308.75**

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 **8/02/2001**

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	RAFAEL FREIRE	8356 NW 66 Street	Miami, FL 33166

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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL FREIRE

Date **8/02/2001**

Daytime Phone #

305-3215575

CR2001 (9-00)

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EX-WORKS MIAMI

8356 NW 66 STREET - Tel. 305-599 2500 - Fax: 305-599 3500 - Miami, FL 33166

TO:	DIVISION OF CORPORATIONS	FROM:	RAFAEL FREIRE
COMPANY:	FLORIDA DEPARTMENT OF STATE	COMPANY:	EX-WORKS MIAMI
FAX.:	- -	PAGES:	1
PHONE:	- -	DATE:	August 2, 2001

REF.: COMPANY REINSTATEMENT

According to what I was told today during a conversation with someone at your Division, I am sending attached the Reinstatement form as well as a check paying year 2000 & 2001 fees.

Please note that we originally have not received your year 2000 form, probably because we moved from our previous address, we sent some time ago a check but apparently was not signed and returned to us, as soon as we received the check back, we signed it and mailed to you, but the check never cleared the bank, therefore we presume it has never arrived to your office.

Will much appreciate if you could proceed to reinstate our company as soon as possible.

SINCERELY,

EX-WORKS MIAMI, CORP.

RAFAEL FREIRE

E-MAIL: freiremo@bellsouth.net

WORLD CLASS SHIPPING SERVICES