

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 DEC -7 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P97000043380

1. Corporation Name

CANUSMEX BROKERS INC.

2. Principal Office Address

1450 MADRUGA AVE.

3. Mailing Office Address

1450 MADRUGA AVE.

Suite, Apt. #, etc

STE 200

Suite, Apt. #, etc

STE 200

City & State

CORAL GABLES FL

City & State

CORAL GABLES, FL

Zip

33146

Country

DADE

Zip

33146

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

05/15/1997

5. FEI Number

65-0755438

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

7. Name and Address of Current Registered Agent

Name

HECTOR DEL CASTILLO

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

1450 MADRUGA AVE.

Suite, Apt. #, Etc

STE 200

City

CORAL GABLES

State

FL

Zip Code

33146

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 NOV-28-2000

REGISTERED AGENT MUST SIGN

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
D	DEL CASTILLO, MANUEL	1450 MADRUGA AVENUE STE-200.	CORAL GABLES, FL 33146
D	DEL CASTILLO, HECTOR	1450 MADRUGA AVENUE STE 200	CORAL GABLES, FL 33146

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

Date

Daytime Phone #

KE

NOV-28-2000

305-661-4758