

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 NOV -6 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P97000092444

1. Corporation Name

IMPEX-ENTERPRISES INTERNATIONAL,  
INC.

100008818201  
11/06/02--01028--001 \*\*750.00

2. Principal Office Address

15600 SW 106 LN

Suite, Apt. #, etc.

1012

City & State

Miami-Florida

Zip

33196

Country

USA

3. Mailing Office Address

15600 SW 106 LN

Suite, Apt. #, etc.

1012

City & State

Miami-Florida

Zip

33196

Country

USA

REINSTATEMENT 02

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0798122

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

Trujillo Javier

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

15600 SW 106 LN Suite 1012

Suite, Apt. #, Etc.

1012

City

Miami

State

FL

Zip Code

33196

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

Nov 3/02

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
PTD: Trujillo, Javier		15600 SW 106 LN. Ap 1012	MIAMI-FL, 33196

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Javier Trujillo

Date

Nov 03/02

Daytime Phone #

(305) 962-0917

CR2E081 (9/01)