

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000092740

1. Corporation Name

EXMARPE, INC.

Principal Place of Business

C/O 1319 BAY VIEW CIRCLE  
WESTON FL 33326

Mailing Address

C/O 1319 BAY VIEW CIRCLE  
WESTON FL 33326

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

10/29/1997

5. FEI Number

65-0814071

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)

| 1<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director | 4<br>City / State / Zip |
|---------------|--|---|-------------------------|
| D             | MARTINEZ, MIGUEL ANGEL                 | C/O 1319 BAY VIEW CIRCLE                            | WESTON FL 33326         |
| D             | MARTINEZ, ALFONSO JAVIER               | C/O 1319 BAY VIEW CIRCLE                            | WESTON FL 33326         |
|               |  |   |                         |
|               |  |   |                         |
|               |  |   |                         |
|               |  |   |                         |
|               |  |   |                         |

8. Name and Address of Current Registered Agent

MARTINEZ, MIGUEL ANGEL  
C/O 1319 BAY VIEW CIRCLE  
WESTON FL 33326

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.

Signature of Registered Agent

SIGNATURE REQUIRED

Date

10/17/00

REGISTERED AGENT MUST SIGN

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  
Miguel Martinez

Date

10/17/00

Daytime Phone #

954-5930860

②

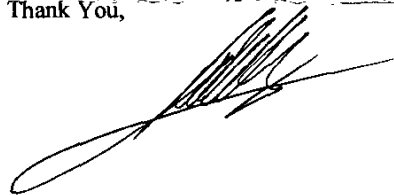
Exmarpe Inc.  
1319 Bay View Cir.  
Weston FL 33326

Weston 10/17/00

Today I received an envelope telling me that is a notice of administrative dissolution or revocation. I spoke with an operator and I explained to him that I already send the check for \$150 on the time that it suppose to be done.

I would ask to avoid any late penalties and cash this check, which is, added it to this envelope. I never received other notice different than this.

Thank You,



Miguel Angel Martinez  
Exmarpe Inc.  
President