H01000025099 2

FILED
SECRETARY OF STATE
CORPORATIONS

01 MAR -8 PM 4:58

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000102772

1. Corporation Name
EXPORT DEPOT, INC.
2 97000102772

Principal Place of Business / Mailing Address
189 EDGEWATER DR
CORAL GABLES, FL 33133

REINSTATEMENT 99-00

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

2. New Principal Office Address, if Applicable	3. New Mailing Office Address, if Applicable	4. Date Incorporated or Qualified To Do Business in Florida
13005 SW 104th Terr	13005 SW 104th Terr	12-8-97
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: MIAMI , FL	City & State: MIAMI, FL	5. FEI Number: 65-0803532 — Applied For / Not Applicable
Zip: 33186 County: USA	Zip: 33186 County: USA	6. CERTIFICATE OF STATUS DESIRED ☐

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	JUDITH N. MARTINEZ	13005 SW 104 TERRACE	MIAMI FL 33186

8. Name and Address of Current Registered Agent

EDGARDO PEREYRA
189 EDGE WATER DR
CORAL GABLES FL 33133

9. Name and Address of New Registered Agent

Name: JUDITH N. MARTINEZ
(P.O. Box Number is Not Acceptable)
Street Address: 13005 SW 10 Terrace
Suite, Apt. #, Etc.
City: MIAMI
State: FL
Zip Code: 33186

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: Judith Martinez
REGISTERED AGENT MUST SIGN
Date: 3-6-01

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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 while doing 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: Judith Martinez 3-6-01 305-382-5595 AD
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

H01000025099 2

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000025099 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)922-4004

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

EXPORT DEPOT, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	$1,058.75