

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -1 PM 4:50

DOCUMENT # **P98000016915**

1. Corporation Name

DEVELOPEX INTERNATIONAL, INC.

2. Principal Office Address

241 Sevilla Avenue

Suite, Apt. #, etc.

Suite 805

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

P.O. Box 585

Suite, Apt. #, etc.

City & State

Key Biscayne, FL

Zip

33149

Country

USA

REINSTATEMENT

98.00

4. Date Incorporated or Qualified To Do Business in Florida.

5. FEI Number

65-0868706

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

Luis F. De La Cruz, Jr.

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

241 Sevilla Avenue

Suite, Apt. #, Etc.

Suite 805

City

Coral Gables

State
FL

Zip Code
33134

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****900.00 ****900.00

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 11/28/00

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
PSD	Luis Guillermo Wilches	P.O. Box 585	Key Biscayne, FL 33149

AD

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
Luis Guillermo Wilches

President

Date 1/28/00

Daytime Phone # 305-446-0100

CR2E081 (9/99)