


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION</b>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #		p98000050590		W03060032 464	
1. Corporation Name <b>FIRM IMPORT EXPORT CORPORATION</b>					
2. Principal Office Address 2728 NW 28 ST			3. Mailing Office Address P.O. Box 171821		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State MIAMI FL			City & State MIAMI FL		
Zip 33142	Country US	Zip 33017	Country US	4. Date Incorporated or Qualified To Do Business in Florida 6/4/1998	
5. FEI Number 56-2379467				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name RENE PAZMINO		
Street Address (P.O. Box Number is Not Acceptable) 2728 NW 28 ST		
Suite, Apt. #, Etc.		
City MIAMI	State FL	Zip Code 33142

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

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
DP	RENE PAZMINO	2728 NW 28 ST	Miami FL 33142
DVP	ANA AYALA	652 NW 1ST	Miami FL 33128

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 #

8/1/03 (786) 290 5740

CR2E081 (10/02)

August 1, 2003

To Whom It May Concern:

I am requesting to waive the fee to reinstate my corporation because I have not used it  
~~since I opened, and I have never received the uniform business report corp. annual~~  
notices.

Thank you for your time and consideration.

Sincerely,



Rene Pazmino