

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**  
01 JAN 25 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P98000071310

1. Corporation Name

Direct Export Services, Inc.

2. Principal Office Address

1610 NW 128 Dr. 102

Suite, Apt. #, etc

102

City & State

Sunrise, Fl 33323

Zip

33323

Country

3. Mailing Office Address

4011 W Flagler St. 503

Suite, Apt. #, etc.

503

City & State

Miami, Florida 33134

Zip

Country

**REINSTATEMENT** 2000

4. Date Incorporated or Qualified To Do Business in Florida

8/14/98

5. FEI Number

65-0857267

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

Pablo Mejias

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

1610 NW 128 Drive

Suite, Apt. #, Etc.

Apr202

City

Sunrise

State

FL

Zip Code

33323

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

*Pablo Mejias*

REGISTERED AGENT MUST SIGN

Date

1/8/01

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
D	Pablo Mejias	1610 NW 128 Dr 202	Sunrise Fl 33323
D	Fernando Osorio	1988 St James Ct	Ocoee Fl 34761

KE

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:

*Pablo Mejias*

1/8/01

(305) 529-9098