

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000080356

1. Corporation Name

Continental Export Corp.

2. Principal Office Address - No P.O. Box #

101 Sidonia Avenue

Suite, Apt. #, etc.

705

City & State

Coral Gables, FL

Zip

33134

Country

USA

3. Mailing Office Address

101 Sidonia Avenue

Suite, Apt. #, etc.

705

City & State

Coral Gables, FL

Zip

33134

Country

USA

7. Name and Address of Current Registered Agent

Name

Victor Chuquimbaloui

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

101 Sidonia Avenue

Suite, Apt. #, Etc.

705

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 10/30/2008

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
Pres.	Victor Chuquimbaloui	101 Sidonia Ave, #705	Coral Gables, FL 33134
Sec.	Dora Chuquimbaloui	101 Sidonia Ave, #705	Coral Gables, FL 33134
Treasurer	Olive H. Chuquimbaloui	101 Sidonia Ave, #705	Coral Gables, FL 33134

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 contained in Chapter 119, 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

10/30/2008

Date

305-441-3998

Daytime Phone #

FILED

08 DEC 30 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100139361081
12/30/08--01039--008 **300.00

REINSTATEMENT 07-08

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

Sept. 17, 1998

5. FEI Number

650863709

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.