

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 JUN 25 AM 8:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03-04

300038240199
06/24/04--01057--004 **908.75

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000084202			
1. Corporation Name CENTER EXPORT CORP. 5171 NW 108 PLACE			
2. Principal Office Address 5171 NW 108 PLACE		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI, FLORIDA		City & State	
Zip 33178	Country MIAMI-DADE	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0866676	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 DIAS COSTA, TEREZA		
Street Address (P.O. Box Number is Not Acceptable) 5171 NW 108 PLACE		
Suite, Apt. #, Etc.		
City MIAMI,	State FL	Zip Code 33178


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
D	DIAS COSTA, TEREZA	696 FERNWOOD RD.	KEY BISCAYNE, FL. 33149
D	LOPO, DOCASTRO	5171 NW 108 PLACE	MIAMI, FLORIDA 33178

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: 06-10-2004 786-201-7209
Daytime Phone #

CR2E081 (01/04)