PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	•



FLORIDA DEPARTMENT OF STATE Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT P99 000015749

1. Corporation Name

VOYAGER EXPORT, INC.

FILED DEC 23 AM 10: 31

SECRETARYSOF STATE TALLAHASSEE, FLORIDA

			~	
2. Principal Office Address 15748 SW 92 TERRACE		3. Mailing Office Address c/oMichael Schiffrin& Assoc.		200025721372 c. 12/23/03-01019-005 **1208.75 HEINSTATEMENT 00-03
Suite, Apt. #, etc.		Suite, Apt. #, etc.	doland PL Sto 116	A Date Incorporated or Qualified
City & State MIAMI, FLORIDA Zip Country		City & State 'Miami, Flo	rida	To Do Business in Florida 2/18/99 5. FEI Number V Applied For . Not Applicable
33196	U.S.A.	33156	U.S.A.	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
		7. Name	and Address of Current Re	egistered Agent
	Michael Schiff	frin		

Street Address (P.O. Box Number is I	9130 South Dadeland Bl.		
Suite, Apt. #, Etc. Suite 1109			
City Miam		State	Zip Code 33156

Signature of Registered Agen

REGISTERED AGENT MUST SIGN

12/16/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	NORIEGA, SOLANGE	15748 SW 92 TERRACE	MIAMI, FLORIDA 33196
vsd	NORIEGA, GUILLERMO	15748 SW 92 TERRACE	MIAMI, FLORIDA 33196
-	,		

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:

SOLANGE NORIEGA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

2/2

	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, th	_
	nitted for a corporation organized under the laws of the State of FLORIDA	in order
to change its r	egistered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: VOYAGER EXPORT, INC.	
2. The principa	al office address: c/o Michael Schiffrin & Associates, P.A., 9130 s. Dadeland Blvd.,	Suite 1109
Miami, Flo	orida 33156	
3. The mailing	; address (if different): same	
4. Date of inco	prporation/qualification: 2/18/99 Document number: P000015749	
	nd street address of the current registered agent and registered office on file with the partment of State:	
	RICHARD DUARTE	•
	2937 SW 27th Avenue, Gifford House S100-A	
,	Coconut Grove, Florida 33133	
6. The name a (if changed)	and street address of the new registered agent (if changed) and /or registered office):	
	MICHAEL SCHIFFRIN	
	9130 South Dadeland Blvd., Suite 1109	,
	(P.O. Box or personal mailbox NOT acceptable)	
	Miami, Florida 33156	
The street add	dress of its registered office and the street address of the business office of its register be identical.	red agent, as
	was authorized by resolution duly adopted by its board of directors or by an officer secomporation has been notified in writing of the change. Solange Nonega Professional Companies of an officer of director)	resident
I hereby acce I further agre duties, and/I being filed m been notified	the appointment as registered agent and agree to act in this capacity. See to comply with the provisions of all statutes relative to the proper and complete peam familiar with and accept the obligation of my position as registered agent. Or, if erely to reflect a change in the registered office address, I hereby confirm that the coin writing of this change.	rformance of my this document is rporation has
	(Signature of Registered Agent) (Date)	
If signing on	behalf of an entity:	
	(Typed or Printed Name) (Capacity)	-

* * * FILING FEE: \$35.00 * * *