

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 23 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT P99000015749

1. Corporation Name

VOYAGER EXPORT, INC.

2. Principal Office Address

15748 SW 92 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33196

Country

U.S.A.

3. Mailing Office Address

c/o Michael Schiffrin & Assoc.

Suite, Apt. #, etc.

9130 S. Dadeland Bl. Ste 1109

City & State

Miami, Florida

Zip

33156

Country

U.S.A.

200025721372
12/23/03--01019--005 **1208.75

REINSTATEMENT 00-03

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

2/18/99

5. FEI Number

☒ 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

Michael Schiffrin

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

9130 South Dadeland Bl.

Suite, Apt. #, Etc.

Suite 1109

City

Miami

State

FL

Zip Code

33156

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

12/16/03

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
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

Date

12/16/03

Daytime Phone #

386-558-8029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EXHIBIT B

CR2E081 (10/02)

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1. The name of the corporation: VOYAGER EXPORT, INC.
2. The principal office address: c/o Michael Schiffrin & Associates, P.A., 9130 s. Dadeland Blvd., Suite 1109
Miami, Florida 33156
3. The mailing address (if different): same
4. Date of incorporation/qualification: 2/18/99 Document number: P000015749
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Coconut Grove, Florida 33133

Miami, Florida 33156

(Date)

(Capacity)

MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314