

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM: *ppr 162*

CORPORATION

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

FILED-

00 OCT 23 PM 4:40

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # *P99000060940*

1. Corporation Name

TERRA EX-IM

2. Principal Office Address

8540 SW 8 St.

Suite, Apt. #, etc.

3. Mailing Office Address

(same)

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33144

Country

Dade

Zip

Country

4. Date Incorporated or Qualified
 To Do Business in Florida

07/08/99

5. FEI Number

☒

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
 for a Certificate of Status

05/08/00 90201 039 150.00

7. Name and Address of Current Registered Agent

Name

Mario S. Cano

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

2121 Ponce de Leon Blvd. #600

Suite, Apt. #, Etc.

City

Coral Gables

State
FL

Zip Code

33134-5222

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

OCT 16 2000

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.	<i>Jorge Sanz</i>	<i>241 SW 30 Ct.</i>	<i>MIAMI, FL 33135</i>
VP	<i>Rosa Andrew-Vila</i>	<i>4350 SW 61 Ave.</i>	<i>MIAMI, FL 33155</i>
VP	<i>Alfred Chisholm</i>	<i>1200 Manati Ave.</i>	<i>Miami, FL 33146</i>

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

Rosa Andrew-Vila

10/16/00

Date

305 264-0298

Daytime Phone #

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TOWN & COUNTRY SHOES & CASUALS, INC.
8540 SW 8TH STREET
MIAMI, FLORIDA 33144
PH: 305 264-0298 / FAX: 305 264-0661

October 16, 2000

Ms. Velma Shepard, Corporate Specialist
Florida Dept. of State / Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Subject: Terra Ex-Im Corporation
Ref. No.: P99000060940
Your Letter No.: 100A00052560

Dear Ms. Shepard:

In April of 2000, we mailed our documentation and filing fee in the amount of \$150.00; (see copy of cancelled check enclosed); we assumed that everything was satisfactory, once the check cleared our bank and we received no further notification from anyone with regard to the corporate filing issue. Subsequently, we moved our offices from 8505 Mills Dr. to 8540 SW 8th Street and (the address that you mailed the above referenced letter to) and we have never received any other prior notification.

I called your office October 9, 2000 and spoke with Louise, who then referred me to Tyron in the Reinstatement Division. He advised me to ask that the reinstatement fee be waived since we did not receive any notification advising us that something was wrong with our filing. Please take this into account when making your decision about our situation.

Thank you,


Rosa Andreu
Vice President