

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000073244

1. Corporation Name

MERIDIAN EXOTIC WOOD PRODUCTS, INC.

2. Principal Office Address
290 COCONUT AVE

Suite, Apt. #, etc.

BLDG 11 #10

City & State
SARASOTA, FLORIDA

Zip Country
34236 USA

3. Mailing Office Address
290 COCONUT AVE

Suite, Apt. #, etc.

BLDG 11 #10

City & State
SARASOTA, FLORIDA

Zip Country
34236 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 08/17/1999

5. FEI Number
650952104

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name
LUIS A PEREZ

Street Address (P.O. Box Number is Not Acceptable)
8120 CORAL WAY

Suite, Apt. #, Etc.

City
MIAMI

State Zip Code
FL 33155

500036191735
05/12/04--01030--003 **600.00

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 04-30-04

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	LEONARDO DE ZORZI	8120 CORAL WAY	MIAMI, FL 33155
SD	JOA CARLOS K ADAMS	8120 CORAL WAY	MIAMI, FL 33155

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

04-30-2004

Date

Daytime Phone #

CR2E081 (01/04)

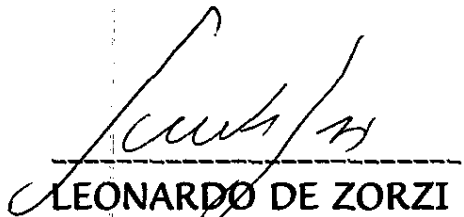
TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND
THE REINSTATEMENT REPORT FORM ALONG WITH A CHECK
PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO
PROPERLY UP-DATE THE ABOVE MENTIONED
CORPORATION.

PLEASE BE ADVICE THAT FOR ANY REASON WE DIN NOT
RECEIVE THE ANNUAL REPORT FORM FOR 2003 AND 2004.
AND PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS
CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY
LATE FEES.

THANK YOU FOR YOUR TIME AND CONSIDERATION IN THIS
MATTER IN THIS MATTER AND IF YOU SHOULD HAVE ANY
FURTHER QUESTION REGARDING THIS LETTER DON'T
HESITATE TO CONTACT US.

CORDIALLY,


LEONARDO DE ZORZI
PRESIDENT