
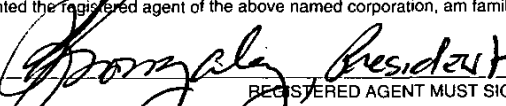
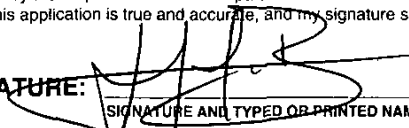


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 00 NOV 22 AM 10:28
DOCUMENT # <u>P990000678185</u>			
1. Corporation Name HERNANDEZ IMPORT-EXPORT, INC.			
2. Principal Office Address 7266 N.W. 25 Street		3. MAILING ADDRESS 7266 N.W. 25 Street	
4. City, Apt. #, etc. WESTERN PARK		5. City, Apt. #, etc. WESTERN PARK	
6. City & State MIAMI, FL		7. City & State MIAMI, FL	
8. Zip 33126	9. Country USA	10. Zip 33126	11. Country USA
12. Date Incorporated or Qualified To Do Business in Florida 09/01/99		13. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
14. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name RICARDO A. GONZALEZ, P.A.			
Street Address (P.O. Box Number is Not Acceptable) 7270 N.W. 12 Street			
Suite, Apt. #, Etc. Penthouse 9			
City MIAMI		State FL	Zip Code 33126
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 <u>11/15/00</u>	
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
PTD	MARIANNE FINIZIO	5555 Collins Ave, 14R	Miami Beach, FL 33140
VPSD	LUIS HERNANDEZ	7266 N.W. 25 Street	Miami, FL 33126
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: 		Date <u>11/15/00</u>	Daytime Phone # <u>407-924-5689</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (9/99)