REINSTATEMENT

1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000082013

1. Entity Name

M + D Import and Export, Corp.

FILED

04 SEP 30 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000041815090
10/12/04--01035--013 **750.00

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 03-04

2. Principal Place of Business	3. Mailing Address
344 NW 136 Place	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State
Zip: 33182 Country	Zip Country

4. FEI Number: 65-0947699 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Raul Carrazana

Street Address (P.O. Box Number is Not Acceptable): 344 NW 136 Place

City: Miami FL Zip Code: 33182

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Raul C

Signature(s) required for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Carrazana, Raul
STREET ADDRESS	344 NW 136 Place
CITY-ST-ZIP	Miami, FL 33182
TITLE	VP
NAME	Medina, Carlos R.
STREET ADDRESS	4130 SW 108 Ave
CITY-ST-ZIP	Miami, FL 33165
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Raul C

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $750.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2000 thru 2004 or any other notice from the Division of Corporations in respect with the Corporation **M&D IMPORT AND EXPORT, CORP.**

Thank you for your courtesy in this matter.

RAUL CARRAZANA
PRESIDENT