## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1-8

## APPLICATION FOR REINSTATEMENT



FLOODA REPARTMENT OF TATE

Wath rive larges

Becretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION CORPORATIONS

00 NOV -7 PH 12: 38

## DOCUMENT # **P99000084717**

1. Corporation Name

Principal Place of Business

ISLA	ND	<b>IMPORT</b>	<b>EXPORT</b>	U.S.A.	INC.
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9791-NW. 25TH ST. 10350 NW

Mailing Address

3731 N.W. 25TH ST. MIAMI FL 33142

-MIAMI FL 33142

If above addresses are incorrect in any way, line through incorrect information and enter correction  New Principal Office Address, If Applicable  3. New Mailing Office Address, If Applicable								
2. New Principal Office Address, if Applicable  3. New Mailir  10550 NW 89 Ave 1055					Date Incorporated or Qualified     To Do Business in Florida     On 10.4 (4000)			
Suite, Apt. #, etc. Suite, Apt. #					09/24/1999  5. FEI Number Applied For			
#-	<u> </u>	# 7	<u> </u>		_1		Applied For	
City & State	FL	City & State	SLEY FI		65-0953233 Not App		Not Applicable	
Zip	Country	7in	Country	(c.)	CERTIFICATI	E OF STATUS DESIRED 🔲	\$8.75 Additional Fee required for a Certificate of Status	
<u> 331.</u>	76 USA	331		<u> 42</u>	<u> </u>		Toria definitione of ordinar	
7. Names	and Street Addresses of Each Officer an	d/or Director (Flor						
Title(s)				Street Address of Each Officer and/or Director 3		City / State / Zip		
PD				3731 N.W. 25TH ST.		MIAMI FL 33142		
						0000348	386155	
<del></del>				<u></u> .		-12/06/00 ****150.	01010007 00 ****150.00	
	8. Name and Address of Currer	nt Registered Age	ent		9. Name and	Address of New Register	ed Agent	
				Name	-		- •	
HEITMANN, FLORENCE T 3731 N.W. 25TH ST. MIAMI FL 33142				Street Address (P.O. Box Number is Not Acceptable)  i 0 250 N W 89 Ave Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.				
				Cit MEBL	£7	∖ F	tate Zip Code	
10. 1, being	g appointed the registered agent of the a	bove named corpo	oration, am familiar w	ith and accept the	obligations of Sec	tion 607.0505, F.S.		
Signature o Registered	Agent / Cooperation	REGISTERED AG		JIRED		Date	1-00	
this rein	y that I am an officer or director or the reconstatement application, the reason for dispy the corporation have been paid and the application is true and accurate, and my	ssolution has been e names of individ	eliminated, the corpo	orate name satisfie m do not qualify fo	s the requirement or an exemption ur	s of section 607.0401 or 61	7.0401, F.S., that all fees	
SIGNA	TURE: SIGNATURE AND TYPED OR F	PRINTED NAME OF	EQUIP SIGNING OFFICER OR	RED		10-31-00 }	05-884-1277 Daytime Phone #	

October 31<sup>ST</sup>, 2000

Division Of Corporations PO Box 6327 Tallahassee, FI 32314

## Re: ISLAND IMPORT EXPORT U.S.A, INC. Doc # P99000084717

Gentlemen,

I am in receipt of your letter stating your intent to dissolve the above Corporation. If I may explain, I was not aware of filing requirements and this was the only document I received..

I am asking if you could kindly waive this penalty and allow me to renew again, as per our conversation. Please note our new address.

Enclosed, please find check in the amount of one hundred and fifty (\$150.00) dollars.

yours truly

Klaus Heitmann

President.