

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 OCT 25 PM 12:12

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S05859**

1. Corporation Name
SAIMEX CORPORATION

Principal Place of Business

7885 W. 28TH AVENUE
 HIALEAH FL 33016
 US

Mailing Address

7885 W. 28TH AVENUE
 HIALEAH FL 33016
 US

REINSTATEMENT



800008584588
 10/25/02--01011--031 **750.00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/15/1990	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0222405	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	LEY, GABY MATSUFUJI	4580 BAY POINT ROAD	MIAMI FL 33137
VP	MATSUFUJI, ANA	7840 SW 173 TERR.	MIAMI FL 33157

8. Name and Address of Current Registered Agent

LEY, GABY MATSUFUJI
 4580 BAY POINT ROAD
 MIAMI FL 33137

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Signature REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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* REGISTERED AGENT MUST SIGN

Date 10/22/02 (305) 923-9688
 Daytime Phone #

CR2E040 (8/02)