

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

98 NOV 20 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S57125

1. Corporation Name

U.S.A. EXPORT PUBLICATIONS, INC.

Principal Place of Business

Mailing Address

12350 SW 132 CT
SUITE 202
MIAMI FL 33186
US

12350 SW 132 CT
SUITE 202
MIAMI FL 33186
US

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

10719 S.W. 117 PL
Suite, Apt. #, etc.

10719 S.W. 117 PL
Suite, Apt. #, etc.

City & State

City & State

Miami, FL

Miami, FL

Zip 33186

Country U.S.A.

Zip 33186

Country U.S.A.



REINSTATEMENT 98

4. Date Incorporated or Qualified
To Do Business in Florida

06/04/1991

5. FEI Number

65-0266803

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	BACIGALUPO, ORESTE	12350 SW 132 CT, SUITE 202	MIAMI FL
D	ROMERO, LILIANA	12350 SW 132 CT, SUITE 202	MIAMI FL

9000002700749--2
-12/02/98--01088--007
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BACIGALUPO, ORESTE
12350 SW 132ND CT.
SUITE 202
MIAMI FL 33134

Name

ORESTE BACIGALUPO

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

10719 SW 117 PL

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

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.

Signature of
Registered Agent

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORESTE BACIGALUPO

11/17/98

Date

(305) 5959925

Daytime Phone #

CR2E040 (0/98)