

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

98 JAN 14 PM 12:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S88474

1. Corporation Name

CORPO-MEX, INC.

Principal Place of Business

c/o: Mark S Gallegos  
2601 S Bayshore Drive  
19th FL  
Miami, FL 33133

Mailing Address

c/o: Mark S Gallegos  
2601 S Bayshore Drive  
19th FL  
Miami FL 33133

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

10/21/91

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0454335

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	
PTP	Gallegos, Armando	10128 NW 80th Avenue	Miami, FL 33016
V	Gallegos, Soila	10128 NW 80th Avenue	Miami, FL 33016
VD	Goosby, Dorsy Dr.	151 NW 11 Street	Homestead, FL 33030
SD	Garza, Cipriano	101 NE 19 Street	Homestead, FL 33030
ASD	De Leon, Arturo	25700 SW 212 Avenue	Homestead, FL 33031

8. Name and Address of Current Registered Agent

Gallegos Mark S.  
One S E 3rd Avenue #2200  
Miami, FL 33131

9. Name and Address of New Registered Agent

Name Gallegos Mark S.

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

2601 S Bayshore Drive 19th F1

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33133

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

REGISTERED AGENT MUST SIGN

Date

1/13/98

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.022, Florida Statutes. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/13/98/