

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 20 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **588474**

1. Corporation Name
Corpo-Mex, Inc.

314 Washington Avenue

2. Principal Office Address
314 Washington Avenue

Suite, Apt. #, etc.

City & State
Homestead, FL

Zip
33030

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

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. Name and Address of Current Registered Agent

Name
James Riegler

Street Address (P.O. Box Number is Not Acceptable)
9002 Southwest 152nd Street

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33157

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/17/04

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Armando Gallegos	314 Washington Avenue	Homestead, FL 33030
VP/D	Dr. Dorsy Goosby	151 Northwest 11th Street	Homestead, FL 33030
S/D	Cipriano Garza	101 Northeast 19th Street	Homestead, FL 33030
AS/D	Arturo DeLeon	25700 Southwest 212th Avenue	Homestead, FL 33031

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10. 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:

Armando Gallegos
ARMANDO GALLEGOS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/17/04

Daytime Phone #

CR2E081 (01/04)