

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

06 NOV -7 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S88474

1. Corporation Name

CORPO-MEX, INC.

2. Principal Office Address

314 Washington Ave

Suite, Apt. #, etc.

3. Mailing Office Address

314 Washington Ave

Suite, Apt. #, etc.

City & State

Homestead, FL

City & State

Homestead, FL

Zip  
33030

Country  
USA

Zip  
33030

Country  
USA

**REINSTATEMENT**

25-06 Dec

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

10/21/91

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

Armando Gallegos

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

314 Washington Avenue

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

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

11-1-06

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
PD	Soila Gallegos	15866 SW 284 St	Homestead, FL 33033
VPD	Dorsey Dr. Goosby	151 Northwest 11th St	Homestead, FL 33030
SD	Cipriano Garza	101 Northeast 19th St	Homestead, FL 33030
ASD	Arturo DeLeon	25700 SW 212th Ave	Homestead, FL 33031
D	Armando Gallegos	314 Washington Ave	Homestead, FL 33030

200081668682  
11/09/06--01043--004 \*\*900.00

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 contained in Chapter 119, 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

Armando Gallegos, Director

Date

11-1-06

Daytime Phone #

305-247-2789