

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN 15 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # s88474

1. Corporation Name

CORPO-MEX, INC.

2. Principal Office Address - No P.O. Box #

314 Washington Avenue

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

USA

3. Mailing Office Address

314 Washington Avenue

Suite, Apt. #, etc.

City & State

Homestead, Florida

Zip

33030

Country

USA

000140795450
01/15/09--01012--021 **1058.75
CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida 10/21/1991

5. FEI Number
650454335

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

Dorsey Goosby

Street Address (P.O. Box Number is Not Acceptable)
151 NW 11th Street

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33030

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 01/13/2009

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
D	Gallegos, Armando	314 Washington Avenue	Homestead, Florida 33030
VPD	Goosby, Dorsey	151 NW 11th Street	Homestead, Florida 33030
SD	Garza, Cipriano	101 NE 19th Street	Homestead, Florida 33030
ASD	Deleon, Arturo	25700 SW 212th Avenue	Homestead, Florida 33030
PD	Gallegos, Soila	15866 284th Street	Homestead, Florida 33030

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

VPD

01/13/2009

Date

305 245-3220

Daytime Phone #

301/20