

To: FL Dept. of State
Subject: 006409-02160

From: Katie Wonsch

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V12467			
1. Corporation Name THE AXMINSTER CORPORATION			
2. Principal Office Address - No P.O. Box # ONE SE THIRD AVENUE		3. Mailing Office Address ONE SE THIRD AVENUE	
Suite, Apt. #, etc. 25TH FLOOR		Suite, Apt. #, etc. 25TH FLOOR	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 02/07/1992			
5. FEI Number 68-0557180		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 Additional Fee in person for a Certificate of Status			
7. Name and Address of Current Registered Agent			
Name CORPDIRECT AGENTS, INC.			
Street Address (P.O. Box Number is Not Acceptable) 515 EAST PARK AVENUE			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.			
Signature of Registered Agent <u>Katie Wonsch, Asst. Sec.</u> Date <u>9/9/08</u>			
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	CARLOS H. DUARTE	ONE SE THIRD AVENUE, 25TH FL.	MIAMI, FL 33131
D	MARIA ELISA DUARTE	ONE SE THIRD AVENUE, 25TH FL.	MIAMI, FL 33131
P	GUILLERMO DUARTE	ONE SE THIRD AVENUE, 25TH FL.	MIAMI, FL 33131
ST	MARIA ELENA DE CASTRO	ONE SE THIRD AVENUE, 25TH FL.	MIAMI, FL 33131
RH			
REINSTATEMENT			
10. I certify that I am an officer or director or the holder of an office or position in the corporation and I am familiar with and accept the obligations of section 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: <u>[Signature]</u>		Date <u>9/5/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

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Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : CORPDIRECT AGENTS, INC.
Account Number : 110450000714
Phone : (850) 222-1173
Fax Number : (850) 224-1640

000409.92160

CORPORATION REINSTATEMENT

THE AXMINSTER CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

\$450.00

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