

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

00-02 UBR

FILED

02 FEB -5 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V 23032

1. Corporation Name

Complexport, Corp.

2. Principal Office Address

2620 N.W. 72 Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33122

Country

DADE

Zip

Country

100004926411--1

-02/14/02--01061--004

****450.00 ****450.00

4. Date Incorporated or Qualified To Do Business in Florida

3/19/92

5. FEI Number

65-0337836

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

YAMIL NADER

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

2620 N.W. 72 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33122

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

YAMIL NADER

Date

2/1/02

REGISTERED AGENT MUST SIGN

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	YAMIL NADER	2620 N.W. 72 Ave	Miami, FL 33122
SD	Elizabeth NADER	2620 N.W. 72 Ave	Miami, FL 33122
VD	FRITH NADER	2620 N.W. 72 Ave	Miami, FL 33122
			LS

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:

YAMIL NADER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/02 (305) 461-4460

Date

Daytime Phone #

CP-PCRT (8/01)

202

February 01, 2002

Compuexport, Corp.
2620 NW 72nd Ave.
Miami, Florida 33122

Division of Corporation
P O Box 6327
Tallahassee, Florida 32314

Dear Agent:

Please note that we have moved our office and we never received the first annual report. Please
except this payment for the years due.

If you have any questions, please call 305-461-4460.

Thank you, -

YAMIL NADER

Yamil Nader