

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 SEP 14 PM 4:47

192

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V49480

1. Corporation Name

SEMARY EXPORT INC.

2. Principal Office Address

9675 NW 12 Street

Suite, Apt. #, etc.

3. Mailing Office Address

9675 NW 12 Street

Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33172

Country

DADE

Zip

33172

Country

DADE

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/92

5. FEI Number

650353250

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

DOCUMENT 01-06
CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

ANTOLIN DEL COLLADO

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

9675 NW 12 Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

500079940515
09/19/06--01019--004 **901.75

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

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
PT	SERAFIN GARCIA	9675 NW 12 Street	Miami, Fl. 33172
S	ANTOLIN DEL COLLADO	9675 NW 12 Street	Miami, Fl. 33172
D	KARINA GARCIA	9675 NW 12 Street	Miami, Fl. 33172

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:

Antolin Del Collado
ANTOLIN DEL COLLADO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/06/06

Date

786-464 1132

Daytime Phone #

282

September 6, 2006

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

By means of this letter, please be advised that we did not receive the annual report notice in the year of dissolution, (2001).

Enclosed, please find application for corporation reinstatement along with a check in the amount of \$908.75 which includes the fee for certification status.

Thank you in advance for your attention regarding this matter.

Very truly yours,


Antolin del Collado, Jr.