(1)

APPROVED AND FILED

1997 APR -7 PM 3:23 H97000005636

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V49520

1. Corporation Name

PEBEX INTERNATIONAL INC.

Principal Place of Business	Mailing Address
8377 NW 66 Street Miami, Fl 33166	Same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
8377 NW 66 Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33166 Country: US	Zip Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/09/92

5. FEI Number: 65-0346586 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	Jose Ramon Pelucarte	8377 NW 66 St	Miami, Fl 33166
SEC.	Fernando Leviosa	8377 NW 66 St.	Miami, Fl 33166

REINSTATEMENT '96-97

SCC 4-7-97

8. Name and Address of Current Registered Agent

Jose M. Marquez
780 NW Lejeune Rd.
Miami, Fl 33172

9. Name and Address of New Registered Agent

Name: Fernando Leviosa
Street Address (P.O. Box Number is Not Acceptable): 8377 NW 66 St.
Suite, Apt. #, Etc.:
City: Miami State: FL Zip Code: 33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 4-07-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-07-97 Date

(305)477-2988 Daytime Phone #

H97000005636

Prepared by: Fernando Leviosa 8377 NW 66 St Miami, Fl 33166 (305) 477-2988

V49520

(2)

4/07/97 FLORIDA DIVISION OF CORPORATIONS 12:49 PM
PUBLIC ACCESS SYSTEM
ELECTRONIC FILING COVER SHEET

(((H97000005636 0)))

TO: DIVISION OF CORPORATIONS FAX #: (904)922-4000

FROM: FAS-T CORP. AGENTS, INC. ACCT#: 071001002335
CONTACT: LIDIA FERNANDEZ
PHONE: (305)599-0839 FAX #: (305)716-0346

NAME: PEBEX INTERNATIONAL INC.
AUDIT NUMBER.....H97000005636
DOC TYPE.....CORPORATION REINSTATEMENT
CERT. OF STATUS..1 PAGES..... 1
CERT. COPIES.....0 DEL.METHOD.. FAX
EST.CHARGE.. $923.75

NOTE: PLEASE PRINT THIS PAGE AND USE IT AS A COVER SHEET. TYPE THE FAX AUDIT NUMBER ON THE TOP AND BOTTOM OF ALL PAGES OF THE DOCUMENT

RECEIVED
97 APR -7 PM 12:15
DIVISION OF CORPORATIONS