

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 SEP -5 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200021474762
07/11/03--01017--004 **150.00

DOCUMENT # V51231
1. Corporation Name Eximpa Corporation

2. Principal Office Address
9600 NW 25 Street

Suite, Apt. #, etc.
3F

City & State
Miami, Florida

Zip Country
33172 USA

3. Mailing Office Address
same as #2

Suite, Apt. #, etc.

City & State

Zip Country

4. Date Incorporated or Qualified
To Do Business in Florida July 16, 1992

5. FEI Number 65-0348839 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
Manuel A. Mesa, Esquire

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

Suite, Apt. #, Etc.
1575

City
Miami

State Zip Code
FL 33130

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

Date 6/16/03

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
DGM	Romulo A. Padilla	9600 NW 25 Street #3F	Miami, FL 33172

REINSTATEMENT 97-03 TS

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)(l), 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:

ROMULO A. PADILLA

June 16/03

(305) 244-706

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20081 (10/02)

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July 8, 2003

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

Re: Eximpa Corporation - Application for Reinstatement

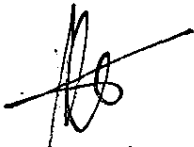
To Whom It May Concern:

Enclosed please find an original Reinstatement Application for Eximpa Corporation. Please note that the corporation dissolved in 1997 for failure to file an annual report. Eximpa never received the request and was, in fact, at a different address from that on file.

Please reinstate the corporation as soon as possible.

Thank you for your immediate attention to this matter.

Sincerely,



Manuel Arthur Mesa

Enclosures

T 305.863.1000
F 305.863.1022
E mesapaa@bellsouth.net

Courthouse Tower
44 West Flagler Street
Suite 1575. Miami, FL 33130

Handwritten initials or stamp