

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3: 53

DOCUMENT # **V55600**

1. Corporation Name

EXPAM CORPORATION

100004671211--2
-11/07/01--01066--008
****750.00 ****750.00



REINSTATEMENT 01

Principal Place of Business Mailing Address

2150 NW 93 AVE. 2150 NW 93 AVE.
MIAMI FL 33172 MIAMI FL 33172
US US

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

4. Date Incorporated or Qualified To Do Business in Florida

08/05/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0363856

Applied For

Not Applicable

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
SD	FREEMAN, PAUL H	9100 S. DADELAND BLVD 1406	MIAMI FL
PD	TERAN, RENE	400 ISLAND DRIVE	KEY BISCAYNE FL 33149
SD	TERAN, LAURA	400 ISLAND DRIVE	KEY BISCAYNE FL 33149
VD	NOGUEIRA, EDUARDO	10135 SW 132 CT.	MIAMI FL
VP	ALVAREZ, SERGIO A	152 W MASHTA DRIVE	KEY BISCAYNE FL 33149

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*****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FREEMAN, PAUL H.
9100 S DADELAND BLVD
SUITE 1406
MIAMI FL 33156

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Paul H. Freeman

Date 10-15-01

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/01)