

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # V58624

1. Corporation Name

ARAGON INTERNATIONAL IMPORT EXPORT CORPORATION

FILED

00 DEC -8 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| Principal Place of Business | Mailing Address |
|---|--|
| 13352 NW 2ND TERR MIAMI FL 33182 US | 13352 NW 2 TERR #8 MIAMI F 33182 US |

REINSTATEMENT 00

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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 08/19/1992 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0358479 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 |
| PSD | RUIZ, NELSON | 13352 N.W. 2 TERR | MIAMI FL |
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-12/19/00--01059--004
****750.00 ****750.00

| 8. Name and Address of Current Registered Agent | 9. Name and Address of New Registered Agent |
|---|--|
| MARIAN GARCIA P.A. 3400 CORAL WAY SUITE 501 MIAMI FL 33145 | Name NELSON Ruiz Street Address (P.O. Box Number is Not Acceptable) 13352 NW 2 nd TERR Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33182 |

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 Date 12-01-00

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: Date 12-01-00 Daytime Phone # 305 226-0104

KE