

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO3000017041

1. Corporation Name

Continental Investment & Trading of Florida Inc.

2. Principal Office Address - No P.O. Box #

11400 N. Kendall Dr

Suite, Apt. #, etc.

205

City & State

Miami, FL

Zip

33176

Country

Miami Dade

3. Mailing Office Address

11400 N. Kendall Dr

Suite, Apt. #, etc.

205

City & State

Miami, FL

Zip

33176

Country

Miami Dade

7. Name and Address of Current Registered Agent

Name

Jeanette Hernandez-Suarez

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

11400 N. Kendall Drive

Suite, Apt. #, Etc.

205

City

Miami

State

FL

Zip Code

33176

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

12-12-08

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
<u>D</u>	<u>Ismael Diego Da Silva</u>	<u>AV. Das Ameas 2.300A Casa #55</u> <u>Jardin Da Barra Da Tijuca</u>	<u>Rio de Janeiro, Brazil</u>

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-12-08

Daytime Phone #

3596-1044

FILED

08 DEC 18 PM 5:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500139138305
12/18/08--01031--017 **758.75

REINSTATEMENT 04-08

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

04-3749691

Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.