

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUL 26 PM 4:15

DOCUMENT # **P94000071804**

1. Corporation Name

Foxcroft Trading, Inc.
2474 W. Sandlake Rd.
Orlando, FL. 32809

2. Principal Office Address

2474 W. Sandlake Rd.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

Country

32809

Orange

Zip

Country

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

9/26/94

5. FEI Number

59-3261259

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

Brian Sanz

900004548269-3

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

2474 W. Sandlake Rd.

-08/22/01--01025--013

******300.00 ****300.00**

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32809

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date **7/19/01**

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
P	Brian Sanz D	2474 W. Sandlake Rd.	Orlando, FL. 32809
P	Ana Maria C Sanz	2474 W. Sandlake Rd.	Orlando, FL. 32809

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)(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:

X [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/01

Date

407.857.4651

Daytime Phone #

CR2E081 (9/00)