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
TALLAHASSEE, FLORIDA

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DOCUMENT # V19148

1. Corporation Name
ARROW Trading, Inc.

REINSTATEMENT 98-01

2. Principal Office Address	3. Mailing Office Address
5290 NW 21st Avenue	5290 NW 21st AVE
Suite, Apt. #, etc.: #57	Suite, Apt. #, etc.: #57
City & State: Fort Lauderdale FL	City & State: Fort Lauderdale FL
Zip: 33309 Country: Broward	Zip: 33309 Country: BROward

4. Date Incorporated or Qualified To Do Business in Florida 3/05/92 SP

5. FEI Number 65-0339635 ☐ 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: Paulo de Oliveira Lima

Street Address (P.O. Box Number is Not Acceptable): 4970 NW 53rd AVE

Suite, Apt. #, Etc.: —

City: Coconut Creek State: FL Zip Code: 33073

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] Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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.D	Paulo de Oliveira Lima	4970 NW 53rd Ave	Coconut Ck. FL 33073
D	Roberta Mandelli	4970 NW 53rd Ave	Coconut Creek FL 33073

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: [signature] 7-16-01 954 771 9366
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #