

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

FILED

01 SEP 24 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L80741

1. Corporation Name

BACARDI TRADING CO.

W01-5671

2. Principal Office Address

5830 MAYNADA

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33146

Country

USA

3. Mailing Office Address

5830 MAYNADA

Suite, Apt. #, etc.

City & State

CORAL GABLES, FLORIDA

Zip

33146

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/15/1990

5. FEI Number

65-0256379

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  
FACUNDO BACARDI

Street Address (P.O. Box Number is Not Acceptable)  
5830 MAYNADA

Suite, Apt. #, Etc.

City

CORAL GABLES

State  
FL

Zip Code  
33146

100004616471-0

09/28/01-01033-013

\*\*\*1200.00 \*\*\*1200.00

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

REGISTERED AGENT MUST SIGN

Date March 7, 2001

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
DP	FACUNDO BACARDI	5830 MAYNADA	CORAL GABLES, FL. 33146

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 7, 2001

Date

Daytime Phone

(305)

350-7200

(K42004)