

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 SEP 24 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V33531**

1. Corporation Name

INTERNATIONAL TRADING & FINANCIAL CORPORATION

300008025353--4

-09/25/02--01081--026

*****900.00 ***900.00**

REINSTATEMENT 01-02

2. Principal Office Address

1717 N. BAYSHORE DR.

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 129 B

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

Zip

33132

Country

USA

Zip

Country

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

5. FEI Number

65-0331628

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

ALEJANDRO NUNEZ

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

250 GIRALDA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES, FLORIDA

State
FL

Zip Code
33134

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

Alejandro Nunez
REGISTERED AGENT MUST SIGN

Date

9-10-02

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
PSTD	GASPARINI, LUIS A.	1717 N. BAYSHORE DR. ^{SUITE 129B}	MIAMI, FL 33132

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:

Luis A. Gasparini

Luis A. Gasparini / President 9-10-02 305-7746222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E061 (9-01)

js 9/24/02