

APPLICATION  
FOR  
REINSTATEMENTINSTRUCTIONS BEFORE COMPLETING THIS FORM.  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V19148

1. Corporation Name

ARROW TRADING, INC.

Principal Place of Business

5290 N.W. 21ST AVENUE, #57  
FORT LAUDERDALE FL 33309  
US

Mailing Address

5290 N.W. 21ST AVENUE, #57  
FORT LAUDERDALE FL 33309  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/05/1992

5. FEI Number

65-0339635

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$9.75. Additional fee required  
for a Certificate of Status.

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DE OLIVEIRA LIMA, PAULO	4970 N.W. 53RD AVE	COCONUT CREEK FL 33073
D	MANDELLI, ROBERTA	4970 N.W. 53RD AVE	COCONUT CREEK FL 33073

4000000338714  
11/12/02--01093--016 \*\*150.00

B12/18

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE OLIVEIRA LIMA, PAULO  
4970 N.W. 53RD AVE  
COCONUT CREEK FL 33073

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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

Date

Daytime Phone #



*pg 2 of 2*  
**Joseph G. Mott, Jr., P.A.**  
CERTIFIED PUBLIC ACCOUNTANT

October 29, 2002

Florida Department of State  
Secretary of State  
Division of Corporations  
Tallahassee, FL 32399

RE: Arrow Trading, Inc.  
Reinstatement of Corporation  
Document #V19148

To Whom It May Concern:

With regard to the application for reinstatement for Arrow Trading, Inc., please consider the following:

The failure of our client to file the corporate annual report was inadvertent and not intentional, as the initial notice was never received. We respectfully request the state accept the original filing amount of \$150.

Thank you for your attention to this matter.

Sincerely,

Joseph G. Mott, Jr.  
Certified Public Accountant