

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM...

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR -1 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000020009

1. Corporation Name

AFRICAN KEYS TRADE INC

2. Principal Office Address

875 Industrial Court

Suite, Apt. #, etc.

City & State

LaBelle, Florida

Zip

33935

Country

Hendry

3. Mailing Office Address

P.O. Box 1336

Suite, Apt. #, etc.

City & State

Labelle, Florida

Zip

33975

Country

Hendry

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0395117

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-04

7. Name and Address of Current Registered Agent

Name

Andre P Arata

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

875 Industrial Court

Suite, Apt. #, Etc.

City

LaBelle

State
FL

Zip Code

33935

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

Andre P. Arata

Date 3/25/04

REGISTERED AGENT MUST SIGN

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	Andre P Arata	875 Industrial Court	Labelle, FL 33935

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:

Andre P. Arata

Andre P Arata

3/25/04

863-675-1585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E01 (01/04)