

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000035409

1. Corporation Name

Sevilla Trading Corp.

2. Principal Office Address - No P.O. Box #

8880 NW 20 Street

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33172

Country

United States

3. Mailing Office Address

P.O. Box 347138

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33234

Country

United States

7. Name and Address of Current Registered Agent

Name

Richard Little

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

8880 NW 20 Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

Richard Little

REGISTERED AGENT MUST SIGN

Date

2/22/08

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 & S	Richard Little	P.O. Box 347138	Miami, FL 33234
VP	John Saunders	P.O. Box 347138	Miami, FL 33234

200119594162
03/06/08--01046--018 **608.75

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 contained in Chapter 119, 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:

Richard Little

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/08

Daytime Phone #

FILED

08 MAR -6 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-08
CR2E081 (12/07)

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

04/06/2000

5. FEI Number
650487683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.