

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUL -1 AM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 96000090352**

1. Corporation Name

Francis Trade, Inc.

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

290 NE 2ND. ST.

Suite, Apt. #, etc.

3. Mailing Office Address

7777 NW 146th Street

Suite, Apt. #, etc.

City & State

Miami, FL.

City & State

MIAMI LAKES, FL

Zip

33132

Country

USA.

Zip

33016

Country

USA

CR2E081 (12/08)

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

10/31/1996

5. FEI Number

65-0723416

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.

7. Name and Address of Current Registered Agent

Name

Shomar, Joseph

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

7777 NW 146th Street

Suite, Apt. #, Etc.

City

Miami Lakes

State

FL

Zip Code

33016

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

Joseph Shomar

REGISTERED AGENT MUST SIGN

Date **6/26/09**

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	FRANCIS, JEAN	1915 BRICKELL AVENUE #C 502 MIAMI, FL.	33129

**REINSTATEMENT
RH**

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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:

jean francis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/09

Date

Daytime Phone #