

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 248735

1. Corporation Name

TRACO-MIAMI INC

Principal Place of Business

80-82 NE 29TH STREET
MIAMI FL 33137

Mailing Address

80-82 NE 29TH STREET
MIAMI FL 33137

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/23/1961

5. FEI Number

59-0934835

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
TD	WISE, ABE	98 JOHNSON AVE.	ENGLEWOOD CLIFFS NJ
PD	WISE, DONALD	15 BEEKMAN PLACE	FAIRLAWN NJ

8. Name and Address of Current Registered Agent

LEIGHTON, LEONOR
82 N.E. 29TH STREET
MIAMI FL 33137

9. Name and Address of New Registered Agent

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.

Signature of Registered Agent

Leon Leighton

Date 10/14/99

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

DONALD WISE
PRESIDENT

10/14/99
Date

(212) 865-7700
Daytime Phone #

FILED
99 NOV 17 AM 9: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

99

CR2546 (8/99)