PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS -

**DOCUMENT #** 

F00000003982

1. Corporation Name

TRANS-PACIFIC TRADING CO., LTD.

11. I certify that I am an officer or director or the receive

SIGNATURE AND

owed by the corporation have been paid

on this application is true and accurate,

this reinstatement application, the reason of dissolution has been elim

Principal Place of Business

Mailing Address

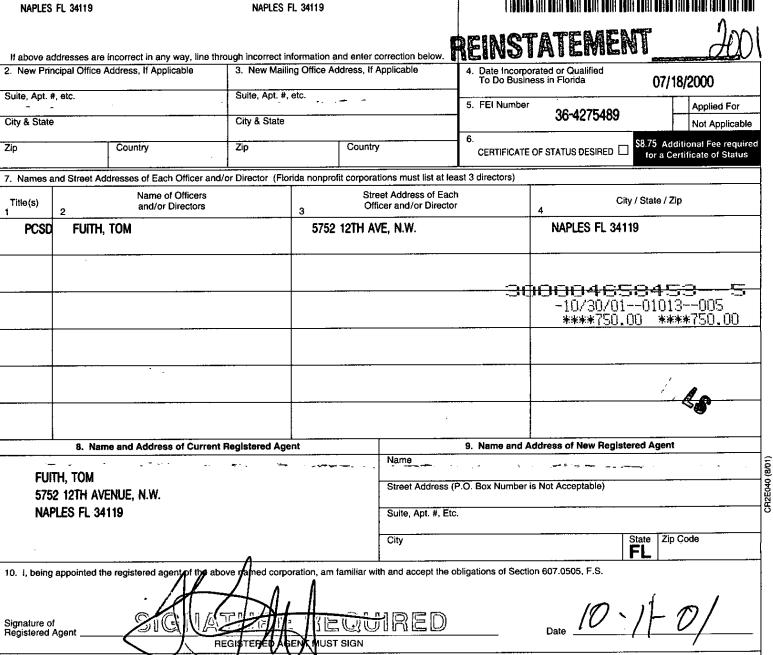
5752 12TH AVENUE N.W.

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FILED

01 OCT 15 AM 8:35

SECRETALLY OF STATE TALLAHASSEE, FLORIDA



same legal effect as if made under oath.

or trustee empoyered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing

of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

hated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees