

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

~~Katherine Harris~~

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000002838

1. Corporation Name

Alfa Trading Import & Export Inc

2. Principal Office Address

8215 N.W. 64th Street

Suite, Apt. #, etc.

Bay 4

City & State

Miami, FL

Zip

33166

Country

USA

3. Mailing Office Address

8215 N.W. 64th Street

Suite, Apt. #, etc.

Bay 4

City & State

Miami, FL

Zip

33166

Country

USA

REINSTATEMENT 02

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

5/29/01

5. FEI Number

65-1103326

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Abdel Alvarez

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

3761 S.W. 152nd Place

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33185

800008640438

10/29/02-01012-013 **750.00

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10-24-02

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
CDP	Abdel Alvarez	3761 S.W. 152 nd Place	Miami, FL 33185

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:

[Signature]

Abdel Alvarez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02 786-845-9255

Date

Daytime Phone #

CR2E081 (9/01)