

APPLICATION  
FOR  
REINSTATEMENT



**FILED**

97 APR 24 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # R.M. WORLD TRADERS, INC.  
1. Corporation Name 5% SHERMAN W. CRAWFORD, ESQ.  
2801 PONCE DE LEON BLVD, STE 703  
CORAL GABLES, FL 33134

Principal Place of Business	Mailing Address
	40 SHERMAN W. CRAWFORD, ESQ. 2801 PONCE DE LEON BLVD, STE 703 CORAL GABLES, FL 33134

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

2. New Principal Office Address, If Applicable 1323 SE 17TH ST Suite, Apt. #, etc. STE 352 City & State FORT LAUDERDALE Zip FL 33316		3. New Mailing Office Address, If Applicable P.O. BOX 96 Suite, Apt. #, etc. City & State N-3150 TOLVSRØD Zip NORWAY	
---	--	--	--

REINSTATEMENT 91-47

4. Date Incorporated or Qualified To Do Business in Florida		4TH JUNE 1981
5. FEI Number	59-2096628	Applied For
		Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
G/D	ROALD LIE	HUMMERVEIEN 26	N-3150 TOLVSROD, NORWAY
D	REIULF MØRCH	TORØDVEIEN 138 B	N-3150 TOLVSROD, NORWAY
			200002164572--4
			-05/02/87--01137--023
			***1645.00 ***1645.00

8. Name and Address of Current Registered Agent

**9. Name and Address of New Registered Agent**

CHERMAN W. CRAWFORD, ESQ.  
2801 POUCE DE LEON BLVD.  
STE 703  
CORAL GABLES, FL 33134

Name TOM CORNELIUSSEN	
Street Address (P.O. Box Number is Not Acceptable) 1323 SE 17TH ST	
Suite, Apt. #, Etc. STE 270	
City FORT LAUDERDALE	State FL

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 Tom C. Carr REGISTERED AGENT MUST SIGN

Date April 8/97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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

Date 02-25-1997 Daytime Phone # 4733324126