

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000004170

1. Corporation Name

MANHATTAN TRADE INTERNATIONAL INC.

Principal Place of Business

Mailing Address

1800 SUNSET HARBOUR DRIVE
#808
MIAMI FL 33139-1451

1800 SUNSET HARBOUR DRIVE
#808
MIAMI FL 33139-1451

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
1800 Sunset Harbour Dr. #808
City & State
Miami Beach FL
Zip
33139

Suite, Apt. #, etc.
1800 Sunset Harbour Dr. #808
City & State
Miami Beach FL
Zip
33139

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1998

5. FEI Number

13-3304914

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CP	HABIB, DAWOOD	1800 SUNSET HARBOUR DRIVE #808	MIAMI BEACH, FL 33139
		1800 Sunset harbour Drive #808	Miami Beach, FL 33139
			500004688095--6 -11/20/01--01004--001 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

HABIB, DAWOOD
1800 SUNSET HARBOUR DRIVE # 808
MIAMI FL 33139-1451

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

SIGNATURE REQUIRED

Date 22 Oct 01

REGISTERED AGENT MUST SIGN

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

22 Oct 01 305.695.4222

CR2E040 (8/01)