PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC 31 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G29136**

1. Corporation Name

COMCHEM TRADERS, INC.

Principal Place of Business	Mailing Address
8000 NW 68 ST MIAMI FL 33166 US	8000 NW 68 ST MIAMI FL 33166 US

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

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 02/15/1983

5. FEI Number: 59-2256195 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ($5.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	PIRES, JOSEPH	17 FONDES AMANDES RD.	ST. ANN'S, TRINIDAD
SD	PIRES-STRAATSMA, JOANNE	5 STRASSER PARKWAY	ST. ANN'S, TRINIDAD
TD	PIRES, ANGELICA	17 FONDES AMANDES RD.	ST. ANN'S, TRINIDAD
D	STRAATSMA, JOHN	2B CHARLOTTE ST	PORT OF SPAIN, TRINI
D	JACKSON, RANDY	8000 NW 68 ST	MIAMI FL.

1-2-97

8. Name and Address of Current Registered Agent

9

JACKSON, RANDY
8000 NW 68 ST
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name: 200002051597--2
Street Address (P.O. Box Number is Not Acceptable): 01/03/97--01131--001
Suite, Apt. #, Etc.: ****383.75 ****383.75
City | State: FL | Zip Code

CR2E040 (7/96)

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 — REGISTERED AGENT MUST SIGN — Date: 12-30-96

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 REQUIRED — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 12-30-96 Date — (305) 592-0375 Daytime Phone #

0048440 AP