

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 FEB 12 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K30615

1. Corporation Name

INTERAMERICAN TRADE AND TRANSPORT, INC.

2. Principal Office Address

13727 S.W. 152 ST.

Suite, Apt. #, etc.

242

City & State

MIAMI, FLORIDA

Zip

Country

33177-1106 MIAMI DADE

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 97-01

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

08/10/1988

SP

5. FEI Number

650128469

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

RICARDO MUSIET

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

16823 S.W. 149 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33187

000003748340-1

02/23/01-01005-005

***1358.75 ***1358.75

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

R. Musiet
REGISTERED AGENT MUST SIGN

Date 02/10/2001

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
D	RIVEROS, ROBERTO LEIGHT	13727 S.W. 152 ST SUITE 242	MIAMI, FL. 33177-1106

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:

R. Musiet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/10/2001
Date

Daytime Phone #