

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **K98497**

1. Corporation Name

TRADENTA CORPORATION

Principal Place of Business

3240 MARY STREET
SUITE S306
COCONUT GROVE FL 33133

Mailing Address

3240 MARY STREET
SUITE S306
COCONUT GROVE FL 33133

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/27/1989

5. FEI Number

65-0139739

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)

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
D	ANDERSON, BERNARDO	P. O. BOX 521308 N/A	MIAMI FL
D	MARTINEZ-ESPINO, FELIX	P. O. BOX 521308 N/A	MIAMI FL
D	MARTINEZ-ESPINOSA, VIRGILIO	3240 MARY STREET SUITE S306	COCONUT GROVE FL 33133
			200002380292-7 -12/23/97-01046-010 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MARTINEZ-ESPINO, VIRGILIO
3240 MARY STREET
SUITE S306
COCONUT GROVE FL 33133

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

REGISTERED AGENT MUST SIGN

Date 12/15/97

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

Virgilio Martinez-Espino

12/15/97

Date

305-444-3794

Daytime Phone #

FILED

97 DEC 19 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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