

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

03 FEB 10 AM 11:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000013577

Name and Mailing Address

0002959 01 FP 0.352 \*\*PRSRT T9 0 0615 33179-252880



COROZAL TRADING, L.L.C.  
1080 N.E. 203RD TERRACE  
MIAMI FL 33179-2528



2. New Mailing Address

City, State, Zip

Principal Place of Business

1080 N.E. 203RD TERRACE  
MIAMI FL 33179

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

08/10/2001

6. FEI Number

05-1131408

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

KOZOL, MICHELLE  
1080 N.E. 203RD TERRACE  
MIAMI FL 33179

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Michelle Kozol*

REGISTERED AGENT MUST SIGN

Date

2/6/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	KOZOL, MICHELLE	1080 N.E. 203RD TERRACE	MIAMI FL 33179

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Michelle Kozol*

Date

2/6/03 nec.

Daytime Phone #

305-493-1899