

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 10 AM 9:47

DOCUMENT # **L27825**

1. Corporation Name

EMERALD TRADE CENTER, INC

2. Principal Office Address

1013 NE 5TH ST.

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

33009

Country

US

3. Mailing Office Address

1013 NE 5TH ST

Suite, Apt. #, etc.

City & State

HALLANDALE, FL

Zip

33009

Country

US

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1989

5. FEI Number

65-0155448

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

CRISTINA DRUKER

600004547448-1

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

1013 NE 5TH STREET

08/21/01-01058-017

*****900.00 ***900.00**

Suite, Apt. #, Etc.

City

HALLANDALE

State

FL

Zip Code

33009

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

[Signature of Cristina Drucker]
REGISTERED AGENT MUST SIGN

Date **8/6/2001**

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
P	CRISTINA DRUKER	1013 NE 5TH ST	HALLANDALE, FL 33009

AD

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:

[Signature of Cristina Drucker]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **8/6/2001**

Date

Daytime Phone #

CR2E081 (9/00)