PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUL 29 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M20199

1. Corporation Name

MOANA TRADING CORPORATION

REINSTATEMENT 94-02

2. Principal Office Address	**3.** Mailing Office Address
100 WIMBLEDON LK DR.	P.O. BOX 291617
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PLANTATION, FLORIDA	City & State: FORT LAUDERDALE, FLORIDA
Zip: 33324 Country: USA.	Zip: 33329 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 09/05/1985

5. FEI Number 59-2584380 ☐ 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: VICTOR J. LAFARGA

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***1958.75 ***1958.75

Street Address (P.O. Box Number is Not Acceptable): 100 WIMBLEDON LK DR

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

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 _____ Date 7/26/02

REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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
PD	RIVERO, EDUARDO SUAREZ	146 WIMBLEDON LK DR	PLANTATION, FL. 33324
MD	VICTOR J. LAFARGA	100 WIMBLEDON LK DR.	PLANTATION, FL. 33324
VD	GRACE SUAREZ LAFARGA	100 WIMBLEDON LK DR	PLANTATION, FL. 33324

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: _____ VICTOR J. LAFARGA 7/26/02 954-370 8093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/30/02