

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 NOV 19 AM 9:27

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **M34452**

1. Corporation Name

NEW TRADERS OF AMERICA, INC.

2. Principal Office Address

20001 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 403

City & State

AVENTURA, FL

Zip

33180

Country

USA

3. Mailing Office Address

20001 BISCAYNE BLVD.

Suite, Apt. #, etc.

SUITE 403

City & State

AVENTURA, FL

Zip

33180

Country

USA

REINSTATEMENT 87-01

4. Date Incorporated or Qualified
To Do Business in Florida

6/30/86

5. FEI Number

45-114-7415

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

ROBERTO B. RIVERA

800004720908--7

-12/12/01--01068-015

*****2415.00 ***2415.00**

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

20001 BISCAYNE BLVD.

Suite, Apt. #, Etc.

SUITE 403

City

AVENTURA

State
FL

Zip Code

33180

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]

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/16/01

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
P	ROBERTO B. RIVERA	20001 BISCAYNE BLVD. SUITE 403	AVENTURA, FL, 33180

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]

ROBERTO B. RIVERA

Date

11/16/01

Daytime Phone #

(561) 662-8080