

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M39834

1. Corporation Name

FINTRADE CORPORATION

Principal Place of Business

Mailing Address

1627 BRICKEL AVENUE
SUITE 1201
MIAMI FL 33129

1627 BRICKEL AVENUE
SUITE 1201
MIAMI FL 33129

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

2. New Principal Office Address, If Applicable

2600 Island Blvd

Suite, Apt. #, etc.

2705

City & State

Aventura, Fla

Zip

33160

Country

3. New Mailing Office Address, If Applicable

2600 Island Blvd

Suite, Apt. #, etc.

2705

City & State

Aventura, Fla

Zip

33160

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/09/1986

SP

5. FEI Number

59-2737692

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MAIMAN, JOSEF A.	1627 BRICKELL AVENUE	MIAMI FL
C	YANKIEWICZ, MICHELE	1627 BRICKELL AVENUE	MIAMI FL

400003661494-5
-02/08/01--01043--016
***300.00 ***300.00

8. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131

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

X *Michele Yankiewicz*

REGISTERED AGENT MUST SIGN

Date 12-27-2000

11. 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:

Michele Yankiewicz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-2000

Date

Daytime Phone #

CR2E040 (8/00)