

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

03 JAN 29 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **M39834**

1. Corporation Name

**FINTRADE CORPORATION**

Principal Place of Business

2600 ISLAND BLVD., #2705  
AVENTURA FL ~~33129~~

33160

Mailing Address

2600 ISLAND BLVD., #2705  
AVENTURA FL ~~33129~~

33160



REINSTATEMENT

02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/09/1986

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.	<del>1027 BRICKELL AVENUE</del> 2600 ISLAND BLVD #2705	MIAMI FL 33129 AVENTURA FL
C	YANKIEWICZ, MICHELE	<del>1027 BRICKELL AVENUE</del> 2600 Island Blvd #2705	MIAMI FL 33129 AVENTURA FL

100009351471  
12/04/02--01045--022 \*\*750.00

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

Barry M Grant CPA

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

200 50 Biscayne Blvd

Suite, Apt. #, Etc.

6th Floor

City

Miami

State

FL

Zip Code

33131

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Signature*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

1/17/03

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:

*Signature*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Nov 25, 2002

CR2ED40 (8/02)