

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 19 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43023**

1. Corporation Name
1-95 TRADE CENTER, Inc.

2. Principal Office Address
4811 NW 79 Ave

Suite, Apt. #, etc.
#5

City & State
MIAMI FLORIDA

Zip Country
33166 USA

3. Mailing Office Address
4811 NW 79 Ave.

Suite, Apt. #, etc.
#5

City & State
MIAMI FLORIDA

Zip Country
33166 USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida
12/11/86

5. FEI Number
59.2081628

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CESAR E. SERRANO

Street Address (P.O. Box Number is Not Acceptable)
4811 NW 79 Ave 400033095454

Suite, Apt. #, Etc.
#5

City
MIAMI

State Zip Code
FL 33166

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 **x [Signature]** Date _____
REGISTERED AGENT MUST SIGN

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
DV	Robert L. Nunno	5701 Hollywood Blvd. B	Hollywood, FL
DP	Cesar E. Serrano	4811 NW 79 Av. #5	MIAMI, FL 33166

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: **x [Signature]** Date **4/14/04** Daytime Phone # **305 592-6559**

CR2E881 (01/04)

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