

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # M53693

1. Corporation Name

NAIB TRADING CORPORATION

Principal Place of Business

800 E. CYPRESS CREEK RD.
SUITE 302
FT. LAUDERDALE FL 33334
US

Mailing Address

800 E. CYPRESS CREEK RD.
SUITE 302
FT. LAUDERDALE FL 33334
US

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

2. New Principal Office Address, If Applicable

2101 W. Commercial Blvd
Suite, Apt. #, etc.
Suite 3500

3. New Mailing Office Address, If Applicable

same
Suite, Apt. #, etc.

City & State

FT Land, FL

City & State

Zip

33309

Country

USA

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/11/1987

5. FEI Number

59-2816659

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KONIG, MARCOS	P.O. BOX 694345 N/A 2101 W. Commercial Blvd Suite 3500	MIAMI FL FT Land, FL 33309

300003446953--3
-11/01/00--01053--026
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KONIG, MARCOS

800 E. CYPRESS CREEK RD
STE 302
FT. LAUDERDALE FL 33334

2101 W. Commercial Blvd
Suite 3500
FT Land, FL 33307

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10/12/00

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00

Daytime Phone #

938-2010

KE

CR2E040 (9/00)