

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
DIVISION OF CORPORATIONS

02 MAR -5 AM 11:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000011528**

**1. Corporation Name**

**LOS OLIVOS TRADING, INC.**

**2. Principal Office Address**

**9680 SW 154 PL**

Suite, Apt. #, etc.

**MIAMI**

City & State

**MIAMI, FLORIDA**

Zip

**33196**

Country

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**2001-2002 UBR**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

**65-0980106**

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

**MAGRONE, SAVERIO**

**000005183270--7**

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

**9680 SW 154 PLAGE**

**04/02/02 81053--002  
\*\*\*308.75 \*\*\*308.75**

Suite, Apt. #, Etc.

City

**MIAMI**

State

**FL**

Zip Code

**33196**

**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

REGISTERED AGENT MUST SIGN

Date **01-25/2002**

**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
PSD	MAGRONE, SAVERIO	9680 SW 154 PLAGE	MIAMI, FL. 33196

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01-25/02 (305) 383-1271**

Date

Daytime Phone #

CR2E081 (9/01)

202

January 25, 2001

Florida Dept of State  
Division of Corporations

Los Olivos Trading, Inc.  
9680 Sw 154th Pl  
Miami, FL 33196

Re: Document # P00000011528  
FEI# 65-0980106

To whom it may concern:

This letter is to inform you, that we never received the 2001' or 2002' Uniform Annual Business Report.

Please Waive the penalties incurred, and enclosed please find a check in the amount of \$ 300.00, which covers the above.

If you have any questions, please do not hesitate to contact us.

Sincerely,

  
Saverio Magrone  
President