

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 OCT 14 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000020731

1. Corporation Name

NORTH AMERICAN TECHNOLOGIES
TRADING CORP.

[Handwritten initials]

2. Principal Office Address

427 Biltmore way

Suite, Apt. #, etc.

Suite 101

City & State

Coral Gables

Zip

33134

Country

EEUU

3. Mailing Office Address

427 Biltmore way

Suite, Apt. #, etc.

Suite 101

City & State

Coral Gables

Zip

33134

Country

EEUU

REINSTATEMENT 2003

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2000

5. FEI Number

65-0987577

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

☒ \$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

NISSIM E. NAHMAS

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

427 Biltmore way suite 101

Suite, Apt. #, Etc.

101

City

CORAL GABLES FL 33134

State

FL

Zip Code

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

[Handwritten signature]

REGISTERED AGENT MUST SIGN

Date

10/14/03

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
P	NISSIM E NAHMAS	427 Biltmore ways 101	CORAL GABLES 33134
U	EDUARDO STERN	427 Biltmore ways 101	CORAL GABLES 33134

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:

NISSIM E NAHMAS *[Handwritten signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/14/03

Daytime Phone #

305 529 2997