

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC -4 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000035731

1. Corporation Name

ARBEL TRADING CORP

W06000050074

REINSTATEMENT 04-06

CR2E081 (12/05)

2. Principal Office Address

2213 N COMMERCE PKWY

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

Zip
33326

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/07/2000

5. FEEL Number

651001813

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

LUIS ALFONSO ARBELAEZ

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

827 KAPOK WAY

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33327

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

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
MR.	LUIS ALFONSO ARBELAEZ	827 KAPOK WAY P	WESTON, FL 33327
MS.	BEATRIZ APARICIO	827 KAPOK WAY D	WESTON, FL 33327
MS.	MARIA C. ARBELAEZ	827 KAPOK WAY S	WESTON, FL 33327

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11/14/06--01014--021 **1200.00

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 contained in Chapter 119, 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

Date

Daytime Phone #