

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 24 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000044019

1. Corporation Name

Fair Traders Import & Export Inc.

2. Principal Office Address

15334 West Dixie

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33162

Country

USA

3. Mailing Office Address

15334 West Dixie

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33162

Country

USA

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

05/01/2000

5. FEI Number

65-1010271

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

800023304238
09/24/03--01049--005 **900.00

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

Vernon Bacchas

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

198 NW 152 Lane

Suite, Apt. #, Etc.

City

Pembroke Pines

State

FL

Zip Code

33028

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

Vernon Bacchas

Date 09/23/2003

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
PTD	Vernon Bacchas	198 NW 152 Lane	Pembroke pines, FL 33028
VSD	Lisa Chin	198 NW 152 Lane	Pembroke Pine, FL 33028

Ba/25

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:

Vernon Bacchas

09/23/2003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)