

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # **P00000056700 - Michel**

1. Corporation Name

MN TRADES INC.

Principal Place of Business	Mailing Address
6251 PALM TRACE LANDINGS SUITE 4-205 FT LAUDERDALE FL 33314	6251 PALM TRACE LANDINGS SUITE 4-205 FT LAUDERDALE FL 33314

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

2. New Principal Office Address, if Applicable		3. New Mailing Office Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida	
06/13/2000	
5. FEI Number	Applied For
65-1009218	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$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
P	JOAO PAULA	6251 Palm Trace Landings	FT LAUDERDALE FL 33314
V	RICARDO MONTEIRO	6251 Palm Trace Landings	FT LAUDERDALE FL 33314
S	NEUSA MONTEIRO	6251 Palm Trace Landings	FT LAUDERDALE FL 33314

100004705221--1
-12/05/01--01006--005
***150.00 ***150.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
PAULA, JOAO M 6251 PALM TRACE LANDINGS SUITE 4-205 FT LAUDERDALE FL 33314		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		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: _____ Date: _____

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 11-6-01 9547919512

Daytime Phone #

192

FILED

01 NOV -9 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/01)

MN Trades Inc 11-06-01
6251 Palm Trace Landing 4-205
FT Lauderdale, FL 33314
PH (954) 791-9512

29/2

Application for reinstatement

Document # p00000056700

Regarding this matter, we never received a form through the mail before this application for reinstatement. We thought that everything was up to date. We apologize for been late and we would like to reinstate the company. We are sending a check of \$ 150.00.

If any problem please call (954) 791-9512 John Paula.

Thank you. John Paula