

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000072649

1. Corporation Name

A C T TRADING CORPORATION

Principal Place of Business

Mailing Address

1129 ROYAL PALM BEACH #041
ROYAL PALM BEACH FL 33411

1129 ROYAL PALM BEACH #041
ROYAL PALM BEACH FL 33411

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

07/31/2000

5. FEI Number:

65-1028153

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	TORRES, ANA C	1129 ROYAL PALM BEACH #041	ROYAL PALM BEACH FL 33411

800028316448
02/06/04--01011--010 **300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

TORRES, ANA C
1129 ROYAL PALM BEACH #041
ROYAL PALM BEACH FL 33411

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, 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

Daytime Phone #

Ana C. Torres

1-30-04 (561) 308-0835

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 FEB -7 AM 8:11

REINSTATEMENT

03-04

CR2E040 (7/03)

ACT TRADING CORPORATION

1129 ROYAL PALM BEACH
BLD #041
ROYAL PALM BEACH FL
33411

Phone: 561-308-0835
FAX: 561-491-0102
email: AEROCARGASWPB@AOL.COM

2/2

Wednesday, January 21, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE FL, 32314

TO WHOM IT MAY CONCERN,

THE REFERENCE LETTER IS TO ADVISED THE FLORIDA DEPARTMENT OF
DIVISION OF CORPORATIONS THAT A.C.T TRADING CORPORATION LOCATED ON
THE ABOVE ADDRESS DID NOT RECEIVED BY MAIL THE 2003 APPLICATION FOR
REINSTATEMENT

SINCERELY,

ANA C. TORRES

PRESIDENT

