PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY -3 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UBR
01-02

DOCUMENT # P00000 106295

1. Corporation Name
UNITED TRADING + INVESTMENT CORP

2. Principal Office Address
1533 SW 1 WAY F-15

Suite, Apt. #, etc.
F-15

City & State
DEERFIELD BEACH

Zip
33441

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-10 5 9846
☐ 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
WALID HAMAD

400005507474--0
-05/14/02--01001--008
****300.00 ****300.00

Street Address (P.O. Box Number is Not Acceptable)
1533 SW 1 WAY

Suite, Apt. #, Etc.
F-15

City
DEERFIELD BEACH

State
FL

Zip Code
33441

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
Walid Hamad
REGISTERED AGENT MUST SIGN

Date 4-30-02

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	WALID HAMAD	1533 SW 1WAY F-15	DEERFIELD BEACH, FL 33441
ST	AMEER GHOURRA	1533 SW 1WAY F-15	DEERFIELD BCH. FL 33441

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: X Walid Hamad
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02
Date

954-274-0110
Daytime Phone #

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