

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 3:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110455

1. Corporation Name

ANTIGUA INTERNATIONAL TRADE INC

2. Principal Office Address

2100 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 600

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

3. Mailing Office Address

2100 PONCE DE LEON BLVD

Suite, Apt. #, etc.

SUITE 600

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

USA

000008838680

11/06/02--01126--014 **900.00

4. Date Incorporated or Qualified
To Do Business in Florida

11/29/00

5. FEI Number

APPLIED FOR

☒

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

JORGE L. GURIAN

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

2100 PONCE DE LEON BOULEVARD

Suite, Apt. #, Etc.

SUITE 600

City

CORAL GABLES

State

FL

Zip Code

33134

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 10/22/02

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
DP	MARTINEZ, PABLO	2100 PONCE DE LEON BLVD	CORAL GABLES, FL 33134
		Suite 600	

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:

Pablo Martinez / Pablo Martinez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/22/02

Date

786-286-6754

Daytime Phone #