

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 JUL 29 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000110455**

**1. Corporation Name**

**Antigua International Trade, Inc.**  
7925 N.W. 12th Street

**2. Principal Office Address**

7925 N.W. 12th Street

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite 407

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33126-1822

Country

Zip

Country

**4. Date Incorporated or Qualified**

To Do Business in Florida Nov. 29, 2000

**5. FEI Number**

**65-1060819**

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

03-04

**7. Name and Address of Current Registered Agent**

Name

Ricardo Maldonado

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

7925 N.W. 12th Street

Suite, Apt. #, Etc.

Suite 407

City

Miami

State

FL

Zip Code

33126

**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

*[Signature]*

Date

06-07-04

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
P	Ricardo Maldonado	7925 N.W. 12th Street #407	Miami, FL 33126
			000040263080 08/17/04--01075--014 **750.00
			03-04
			000040263080 08/17/04--01075--015 **158.75

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

06-07-04

Daytime Phone #

CR2E081 (01/04)