

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -4 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000115246

1. Corporation Name

PWG Trading Corp.

2. Principal Office Address

385 West 49th Street

Suite, Apt. #, etc.

3. Mailing Office Address

c/o Alex, CPA PO Box 823037

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

South Florida, FL

Zip

33012

Country

USA

Zip

33082-3037

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/18/2000

5. FEI Number

65-1070680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

12/23/02 01073 001 \$150.00
1-23-03 01034 027 \$150.00

7. Name and Address of Current Registered Agent

Name

Pierre Galoppi

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

385 West 49th Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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

(X) P. Galoppi

REGISTERED AGENT MUST SIGN

Date

(X) 2/26/03

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
D	Galoppi, Pierre	601 Hardée Road	Coral Gables, FL 33146

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) P. Galoppi PIERRE GALOPPI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(X) 2/26/03 954-916-2737

Daytime Phone #

CR2E081 (10/02)