

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 FEB -3 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000008123

1. Corporation Name

JEFFERSON TRADING CORP

REINSTATEMENT 02-03

2. Principal Office Address

1905 W 35 ST

3. Mailing Office Address

SAMP

Suite, Apt. #, etc.

#115

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33012

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

1/23/01

5. FEI Number

65 1071174

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

ALFREDO RATMIROFF

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

1905 W 35 ST #115

Suite, Apt. #, Etc.

City

Hialeah

01/31/03--01013--001 \*\*900.00

200011415872

01/31/03--01013--001 \*\*900.00

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

*[Signature]*

Date

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| D      | JAIME SEIJAS                         | 1905 W 35 ST #115                                 | Hialeah, FL 33012  |
| D      | Andres Penaber                       | ✓   | ✓                  |
| D      | Vladimir Seijas                      | ✓   | ✓                  |
| D      | Alfredo Ratmiroff                    | ✓   | ✓                  |
|        |                                      |   |                    |
|        |                                      |   |                    |

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAIME SEIJAS

1/23/03

Date

Daytime Phone #

(305) 362 7007

MW

CR2E081 (10/02)