

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR -6 A 11: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000174630760
04/06/10--01011--009 **300.00

CR2E081 (11/09)

DOCUMENT # P01000022381

1. Corporation Name

M & A TRADING GROUP, INC.

2. Principal Office Address - No P.O. Box #

1000 BRICKELL AVENUE

Suite, Apt. #, etc.

640

City & State

MIAMI FL

Zip

33131

Country

US

3. Mailing Office Address

11173 SW 88 ST

Suite, Apt. #, etc.

F 107

City & State

Miami, FL

Zip

33126

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

03/02/2001

5. FEI Number

65-1082957

☐ 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

ALCIDES J. DAVILA

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

1000 BRICKELL AVENUE

Suite, Apt. #, Etc.

640

City

MIAMI

State

FL

Zip Code

33131

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date **04-01-2010**

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
PD	ALCIDES J. DAVILA	1000 BRICKELL AVENUE - 640	MIAMI FL 33131

REINSTATEMENT
04-10
JAS

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify 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:

04-01-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #