

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 29 AM 10:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000087004

1. Corporation Name

ZORYN TRADING CORP.

Principal Place of Business

3335 WEST 4 AVENUE  
HIALEAH FL 33012

Mailing Address

P.O. BOX 820498  
PEMBROKE PINES FL 33082

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/04/2001

5. FEI Number

65-1140131

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MORA, ALBERTO	3335 WEST 4 AVENUE	HIALEAH FL 33012
V	MORA, ROSARIO	3335 4 AVENUE	HIALEAH FL 33012

PR 11/5

600008644586  
10/29/02--01037--018 \*\*150.00

8. Name and Address of Current Registered Agent

MORA, ALBERTO  
3335 WEST 4 AVENUE  
HIALEAH FL 33012

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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 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 REQUIRED  
ROSARIO MORA  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 954-292-6633  
Date Daytime Phone #

# Zoryn

## Trading Corporation

Thursday, October 24, 2002

To: FLORIDA DEPARTMENT OF STATE  
Attention: Jim Smith / Secretary of State

**Subject: UBR notices were not received For Zoryn Trading Corp.**

Reference: P01000087004    FEI Number 65-1140131    date Inc. 09//04/2001

Dear Secretary of State Sir. Jim Smith:

For reason that we don't know we don't received the two prior UBR notices, this can be confirmed with the post office that no deliver our UBR notices to our mailing address and we will like to maintain the status of our corporation active.

  
Alberto Mora  
President