

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 12:01

LET STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000091532

1. Corporation Name

EAST AFRICA WORLDTRADE INCORPORATED *4*

2. Principal Office Address

100 Lincoln Road

3. Mailing Office Address

100 Lincoln Road

Suite, Apt. #, etc.

#1002

Suite, Apt. #, etc.

#1002

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip-

33139

Country

USA

Zip

33139

Country

USA

REINSTATEMENT 02-03

**4. Date Incorporated or Qualified
To Do Business in Florida**

9/18/2001

5. FEI Number

☒ 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

Leslie Alan Schere, Esq.

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

1865 Brickell Avenue

Suite, Apt. #, Etc.

#A-207

City

Miami

State
FL

Zip Code
33129-1626

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]

REGISTERED AGENT MUST SIGN

Date

2/27/03

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
PD	<i>4</i> Chercoles, Fernando	100 Lincoln Road, #1002	Miami Beach, FL 33139
VPSD	De Piano Chercoles, Maria	100 Lincoln Road, #1002	Miami Beach, FL 33139

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

PRESIDENT

2/27/03

Date

305 604 9724

Daytime Phone #

CR2E081 (10/02)