

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 DEC 17 PM 12:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000095953

1. Corporation Name INSTATRADE CORPORATION  
7500 NW 25<sup>TH</sup> STREET  
Suite 250  
MIAMI FL 33122

REINSTATEMENT

02

2. Principal Office Address  
7500 NW 25<sup>TH</sup> STREET

3. Mailing Office Address

Suite, Apt. #, etc.  
Suite 250

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State

Zip  
33122

Country  
USA

Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida 10/2/01

5. FEI Number  
04-3679736

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 Bruce Lammick  
Street Address (P.O. Box Number is Not Acceptable)  
9130 S. Dadelma AVE #1101  
Suite, Apt. #, Etc.  
MIAMI FL 33156  
City

800003526536  
12/16/02--01082--002 \*\*500.00

State Zip Code  
FL 33156

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 12/12/02

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
PRES	SUNIL MAYANI	10625 SW 68 Ave.	MIAMI FL 33156
S	SHAILA MAYANI	10625 SW 68 Ave.	MIAMI FL 33156

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUNIL MAYANI 12/10/02 305-716-8646

Date

Daytime Phone #