

PLEASE READ ALL INSTRUCTIONS BEFORE COMP

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93598 043 ***150.00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P01000101313*

1. Corporation Name

Gravel Trading, Corp

2002

673745

2. Principal Office Address

546 Penta Ct

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston

City & State

Zip

FL

Country

33327

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1146299

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

Norman Loraiales

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

546 Penta Ct

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

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

Norman Loraiales

Date

4/26/02

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
<i>PD</i>	<i>Norman Loraiales</i>	<i>546 Penta Ct, Weston</i>	<i>FL 33327</i>
<i>VD</i>	<i>Luz Eugenia Loraiales</i>	<i>546 Penta Ct, Weston</i>	<i>FL 33327</i>

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: *Norman Loraiales*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/26/02

Daytime Phone #

954-4450314

CR2E081 (9/99)