

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
03 DEC 17 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000022509

1. Corporation Name

*El Alzar Trading, Inc.*

2. Principal Office Address

*5719 NW 159 Street*

3. Mailing Office Address

*P.O. Box 5650*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Miami Lakes, FL*

City & State

*Hialeah, FL*

Zip

*33014*

Country

*USA*

Zip

*33014*

Country

*USA*

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

*043617425*

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

*Mario Figueredo*

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

*5719 NW 159 Street*

Suite, Apt. #, Etc.

City

*Miami Lakes*

State

*FL*

Zip Code

*33014*

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

REGISTERED AGENT MUST SIGN

Date

*12-16-03*

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
<i>Pres</i>	<i>Mario Figueredo</i>	<i>5719 NW 159 Street</i>	<i>Miami Lakes, FL 33014</i>
<i>VCP</i>	<i>Ricardo Figueredo</i>	<i>5719 NW 159 Street</i>	<i>Miami Lakes, FL 33014</i>

REINSTATEMENT

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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

Date

Daytime Phone #

*12-16-03*

*(305) 826-7630*

*12-16-03*

December 12, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
409 Gaines Street  
Tallahassee, FL 32399

Dear Officer:

By this mean I would like to send information of how to get reinstatement of the Corporation in which I'm part of it.

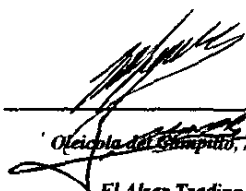
Checking over the net at your website appears that I have to renewed my Corporation by the month of May, which I didn't know. As per explanation When I called last week I have to renew my certificate of Use of my name every year before May 31, 2003.

Please find attached check for \$150.00, which was the moneys due as per Conversations over the phone with one of the officers, we never receive the paperwork it might be because we also have to submit changes to you.

I apologized for the misunderstanding; also if the dues exceed this amount please let us know.

Truly yours,

Mario Figueredo  
President

  
Oleícola del Campillo, S.A. Carretera de Sabiote S/N, Castellar, Jaen, Spain. Tel. 34-953- 400-600/Fax. 34-953-400-300.  
Info at: [oleicoladelcampillo@telefonica.net](mailto:oleicoladelcampillo@telefonica.net)/[www.elalzar.com](http://www.elalzar.com)  
El Alzar Trading, Inc. 5719 NW 159 Street, Miami Lakes, FL 33014. Tel. (305)826-7630/Fax (305)826-7645  
Info at [www.elalzar.com](http://www.elalzar.com)