

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 APR 13 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000026473

1. Corporation Name

RANGEL & STRATMANN CONSULTING AND TRADING, INC.

2. Principal Office Address

13558 NW 9TH COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

3. Mailing Office Address

13558 NW 9TH COURT

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33028

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 03/08/02

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

TRACY D. WEINTRAUB, CPA

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

1551 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, Etc.

#130

City

SUNRISE

State

FL

Zip Code

33323

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

Tracy D. Weintraub
REGISTERED AGENT MUST SIGN

Date

4/14/04

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	GONZALO RANGEL	13558 NW 9TH COURT	PEMBROKE PINES, FL 33028
VP	CLAUDIA I. STRATMANN	13558 NW 9TH COURT	PEMBROKE PINES, FL 33028

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

04/10/04

Date

954 936 6327

Daytime Phone #

CR2E081 (01/04)