

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAR 24 PM 1:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000074084**

1. Corporation Name

CACTSAL TRADING, INC.

2. Principal Office Address

6805 SW 116ct.

3. Mailing Office Address

6805 SW 116ct

Suite, Apt. #, etc.

#A

Suite, Apt. #, etc.

#A

City & State

MIAMI, FL

City & State

MIAMI, FL.

Zip

33173

Country

USA

Zip

33173

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

07/09/2002

5. FEI Number

001H02000162943

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

Mesa, Manuel A. ESQ.

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

44 West Flagler St.

Suite, Apt. #, Etc.

suite 1575

City

Miami

State
FL

Zip Code

33130

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

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
OWNER	CARLOS MORALES ANDRADE	6805 SW 116ct #A	MIAMI FL 33173

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

03/20/04

Date

Daytime Phone #

305-7732356

CR2E081 (01/04)

292



Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Application for Reinstatement
CACTSAL TRADING, INC
Doc. Number P02000074084

Dear Sir or Madam:

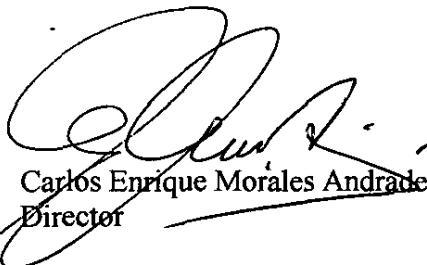
We have never received the 2003 Uniform Business Report. We think it was sent to a different location or the document was lost in the mail.

The correct address is: 6805 SW 116 ct. Unit A (Snapper Village)
Miami, Florida 33173

We want to ask you for consideration and waive the penalty for reinstatement of our organization, which was incorporated in 2002. We would appreciate it if you could please reinstate the corporation as soon as possible, and send all future notifications to above address only.

Your consideration will be greatly appreciated.

Sincerely,



Carlos Enrique Morales Andrade
Director

Enclosure: check #106, (\$150.00)