

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 AUG -8 PM 2:12

DOCUMENT # P02000083971

1. Corporation Name

Great Group Trading, Inc.

800058349268  
08/08/05--01063--009 \*\*1058.75

2. Principal Office Address

1877 NW 56th St

Suite, Apt. #, etc.

3. Mailing Office Address

1877 NW 56th St

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33166

Country

USA

Zip

33166

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

8/02/2002

5. FEI Number

202469370

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

David Ryan

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

2900 Middle Street

Suite, Apt. #, Etc.

Penthouse

City

Coconut Grove

State

FL

Zip Code

33133

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 7/20/05

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
DP	CARLOS LUIS	1877 NW 56th St	Miami, FL 33166
D	Al Hernandez	1877 NW 56th St	Miami, FL 33166

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

7/20/05 (305) 592-8900

Daytime Phone #

CR2001 (01/05)