

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -5 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000101875**

1. Corporation Name

KROSS TRADES, INC.

Principal Place of Business

Mailing Address

335 N.E. 35TH TERRACE
MIAMI FL 33137
US

335 N.E. 35TH TERRACE
MIAMI FL 33137
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03



600026025916
01/05/04--01059--018 **158.75

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/2002

5. FEI Number

481277983

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WARDENSKI, MARTHA K	335 N.E. 35TH TERRACE	MIAMI FL 33137
VP	BURSHIEM, KARI A	6885 S.W. 92 STREET	MIAMI FL 33156

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WARDENSKI, MARTHA K
335 N.E. 35TH TERRACE
MIAMI FL 33137

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 12/28/03

11. 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:

Kari a. burshiem

12/28/03
Date

786 299 3294
Daytime Phone #

CR2ED40 (7/03)

December 28, 2003

To Whom It May Concern,

This letter is to inform you that Kross Trades, Inc. never received notification of a Uniform Business Report. As your records will indicate, our corporation is young and unfamiliar with Florida qualifications. Please understand that we did not neglect any duties, but rather we were unaware of this requirement. As an officer, I am enclosing a check of One Hundred and Fifty Dollars for the purpose of reinstating this corporation. If there are any other requirements, please contact me 786.299.3294, and I will quickly respond to any further necessities.

Thank You,

A handwritten signature in black ink, appearing to read 'Kari A. Burshiem', with a long horizontal flourish extending to the right.

Kari A. Burshiem
Kross Trades, Inc.