

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 MAR 18 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO2000125600

1. Corporation Name

Cena International trading inc

REINSTATEMENT 03-04

600028919706
03/18/04--01033--010 **138.75

600028919706
02/17/04--01025--020 **700.00

2. Principal Office Address

2517 North Dixie Hwy

Suite, Apt. #, etc.

City & State

Lakeworth FL

Zip

33460

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

2517 North Dixie Hwy

City & State

Lake worth FL

Zip

33460

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

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

Ana Dalman Ares

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

3636 S.W. 87 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33165

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

Ana Dalman

REGISTERED AGENT MUST SIGN

Date 02-11-2004

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
<u>P</u>	<u>Carlos Celis</u>	<u>308 SW Panther trace</u>	<u>Port st lucie FL 34953</u>

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:

Carlos Celis Carlos CELIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-11-2004

Date

561-7215108

Daytime Phone #

CR2E081 (10/02)