

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR -3 PM 1:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000043740

1. Corporation Name

Good Idea USA TRADING CORP

2. Principal Office Address - No P.O. Box #

4815 NW 79 AVE

Suite, Apt. #, etc.

SUITE 5

City & State

MIAMI FL

Zip

33166

Country

USA

3. Mailing Office Address

4815 NW 79 AVE

Suite, Apt. #, etc.

SUITE 5

City & State

MIAMI, FL

Zip

33166

Country

USA

REINSTATEMENT 06-08
CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

04/18/2003

5. FEI Number

83-0353521

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

ANDRE L CASTILHO

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

6109 NW 72 AVE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33166

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0593, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 2/29/2008

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>PO</u>	<u>ANDRES L. CASTILHO</u>	<u>6109 N.W 72 AVE</u>	<u>MIAMI FL 33166</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 contained in Chapter 119, 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

2/29/2008

Date

Daytime Phone #

305-3050937