

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR -8 PM 1:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000088840

1. Corporation Name

Miami Trade & Consulting Group

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

8409 NW 123 CT

Suite, Apt. #, etc.

3. Mailing Office Address

1046 NW 123 CT

Suite, Apt. #, etc.

City & State

Miami, FL 33166

City & State

Miami, FL 33182

Zip

33166

Country

USA

Zip

33182

Country

USA

7. Name and Address of Current Registered Agent

Name

FERNANDO CENTENO

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

1046 NW 123 CT

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33189

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 3/03/09

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
PS	Fernando Centeno	1046 NW 123 CT	Miami, FL 33182

10. E-mail Address: FCENTENO53@hotmail.com

(To be used for future annual report notification)

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, I further certify, 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

3/03/10

Date

305-796-2339

Daytime Phone #

200171547839  
03/03/10 01040 014 300.00  
REINSTATEMENT 08-10

4. Date Incorporated or Qualified  
To Do Business in Florida

8/13/2003

5. FEI Number

141292452

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.