

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P03000090900**

1. Corporation Name

**Dafco Trading Corp.**

2. Principal Office Address

**7235 NE 4 AVE**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Miami FL**

City & State

Zip

**33138**

Country

**Mia-Dade**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**08/19/2003**

5. FEI Number

**90-017952**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (12/05)

**7. Name and Address of Current Registered Agent**

Name

**Louis W. Lozandier**

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

**495 NE 157 ST**

Suite, Apt. #, Etc.

City

**Miami**

State

**FL**

Zip Code

**33162**

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

*[Signature]*

Date **04-06-2006**

REGISTERED AGENT MUST SIGN

**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
P	Louis W. Lozandier	495 NE 157 ST	N. Miami Bch FL 33162
VP	Wildy Lozandier	225 NE 116 ST	Miami FL 33161

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

Date

**04-06-2006**

Daytime Phone #

**DAFCO TRADING CORP.**

7235 NE 4 Avenue  
MIAMI, FL 33138

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Department of State  
Division of Corporations  
P.O 6327  
Tallahassee, FL 32314

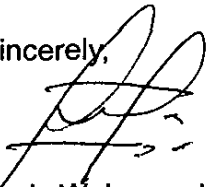
Re: Doc. #P03000090900

Dear Sirs;

Enclosed please find a check in the amount of \$450.00 to reinstate my corporation. I did not receive any notification in the mail for 2004, 2005 and 2006 by mail so I am asking that the penalty fee be waived because of this.

Thank you in advance for your time and consideration.

Sincerely,



Louis W. Lozandier  
President