

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

06 MAY 22 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P03000094373**

1. Corporation Name

JONAT TRADING Co.

2. Principal Office Address

3911 NW 26 St

Suite, Apt. #, etc.

3. Mailing Office Address

3911 NW 26 St

Suite, Apt. #, etc.

City & State

MIAMI Florida

City & State

MIAMI Florida

Zip

33142

Country

USA

Zip

33142

Country

USA

REINSTATEMENT

04-06 RSC

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/03

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

JOSE LUIS FIGUEROA

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

3911 NW 26 Street

Suite, Apt. #, Etc.

City

Miami FLA 33142

State

FL

Zip Code

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

May 16/2006

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	JOSE LUIS FIGUEROA	3911 NW 26 St	MIAMI FLA 33142

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 16/2006

Date

Daytime Phone #

305 870-0115

CR2E081 (9/00)