

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 MAR 23 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 904000052028

1. Corporation Name

ALITRADE Inc.

2. Principal Office Address

4353 N.W. 72 Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

4353 N.W. 72 Ave.

Suite, Apt. #, etc.

City & State

Miami - FL.

City & State

Miami - FL.

Zip

33166

Country

USA

Zip

33166

Country

USA

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/24/2004

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

☐ 3875 Additional Fee Required
Form Certificate of Status

7. Name and Address of Current Registered Agent

Name

Juan A. Maza

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

4353 N.W. 72 Ave.

Suite, Apt. #, Etc.

City

Miami - FL.

State

FL

Zip Code

33143

600095811866
04/04/07--01046--013 **490.00

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 03/22/2007

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	<u>Juan A. Maza</u>	<u>4353 N.W. 72 Ave.</u>	<u>Miami - FL. 33166</u>
V	<u>Juan Maza</u>	<u>4353 N.W. 72 Ave.</u>	<u>Miami - FL. 33166</u>
D	<u>Jose Benites</u>	<u>4353 N.W. 72 Ave.</u>	<u>Miami - FL. 33166</u>

REINSTATEMENT

05-07 133/23/07

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

March 22 / 2007 305.396.2752

Date

Daytime Phone #

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ALLIED INTERNATIONAL TRADERS, INC.

**4353 NW 72 Ave
Miami, FL. 33166**

Ph: 305.396.2752

Fax: 305.667.1748

Web: www.alitradeinc.com

MARCH 21-2007

**DIVISION OF CORPORATIONS
ANNUAL REPORT SECTION**

**REF
DOCUMENT # P04000052028**

**I AM IN RECEIPT OF YOUR PROFIT CORPORATE ANNUAL REPORTS CORRESPONDING TO
2005, 2006 AND 2007 YEARS.**

**DUE TO THE FACT I DID NOT KNOW ABOUT THESE PAYMENTS, THE CORPORATE ANNUAL
REPORTS IN QUESTION WERE NOT SUBMITTED BECAUSE OF NEGLIGENCE OR
RESPONSIBILITY ON MY BEHALF, BUT RATHER FOR NOT BEING PROPERLY ASSESSED BY
MY ACCOUNTANT, AND BECAUSE I MOVED TO ANOTHER LOCATION THE REPORTS
INVOLVED WERE NOT RECEIVED, PLEASE EXCUSE US. IN VIEW OF THESE CIRCUMSTANCES,
I KINDLY REQUEST CONSIDERATION IN THE WAIVING OF PENALTIES WITH THE
GUARANTEE THAT THIS OVERSIGHT WILL NEVER HAPPEN AGAIN**

**ONCE AGAIN YOUR CONSIDERATION ON THIS MATTER IS HIGHLY APPRECIATED. PLEASE
FEEL FREE TO CONTACT ME AT THE REFERRED ADDRESS, SHOULD YOU HAVE ANY
QUESTIONS.**

SINCERELY YOURS,

**JUAN MAZA
ALITRADE**