

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

09 JUL 24 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000172555

1. Corporation Name

BORDER TRADE INC.

600158845586
07/23/09--01036--015 **750.00

REINSTATEMENT

CR2E081 (12/08)

05-09

2. Principal Office Address - No P.O. Box #
16101 SW 144 TERR

3. Mailing Office Address
16101 SW 144 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MIAMI, FLORIDA

City & State
MIAMI, FLORIDA

Zip Country
33196 USA

Zip Country
33196 USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/28/2004

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
GERMAN GAYTAN

Street Address (P.O. Box Number is Not Acceptable)
16101 SW 144 TERR

Suite, Apt. #, Etc.

City
MIAMI, FLORIDA

State Zip Code
FL 33196

☒ 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.

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]
REGISTERED AGENT MUST SIGN

Date JULY 22, 2009

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	GERMAN GAYTAN	16101 SW 144 TERR	MIAMI, FLORIDA, 33196
V	OLIMPIA GARCIA	16101 SW 144 TERR	MIAMI, FLORIDA, 33196
S	ALBERTO GARCIA	16101 SW 144 TERR	16101 SW 144 TERR

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] German Gaytan JULY 22, 2009 305-763-0979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/24/09