

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 FEB 27 A 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO 50000 84 291**

1. Corporation Name

TRALCO FOR PETROCHEMICALS INC

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

101 SIDONIA AVE

Suite, Apt. #, etc.

501

City & State

CONAL GABLES FL

Zip

33134

Country

USA

3. Mailing Office Address

PO BOX 140927

Suite, Apt. #, etc.

City & State

CONAL GABLES FL

Zip

33114

Country

USA

300144616093
02/27/09--01031--017 **458.75

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/05

5. FEI Number

APPLIED FOR

☒ 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

RAUL F. HERRERO

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

101 SIDONIA AVE

Suite, Apt. #, Etc.

501

City

CONAL GABLES

State

FL

Zip Code

33134

☒ 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

2/22/09

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
P	JOSE M CASTELLVI	13456 SW 58 CT	MIAMI FL 33156
UP	MANUEL REMEDIOS	2980 SW 141 CT	MIAMI FL 33175
S/T	RAUL HERRERO	101 SIDONIA AVE #501	CONAL GABLES FL 33134

REINSTATEMENT

07-09

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/22/09 3057937272

Daytime Phone #