

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000121442

1. Entity Name  
TRADE WORLD AF CORP



FILED

2007 OCT 22 PM 3:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

13041 NW 7 LANE  
MIAMI, FL 33182

Mailing Address

13041 NW 7 LANE  
MIAMI, FL 33182

2. Principal Place of Business - No P.O. Box #

3403 NW 82 AVE  
Suite, Apt. #, etc.  
290

3. Mailing Address

3403 NW 82 AVE  
Suite, Apt. #, etc.  
290

10102007

REIN-P

CR2E098 (1/07)

City & State

DORAL FL

City & State

DORAL FL

4. FEI Number

20-5624511

Applied For

Not Applicable

Zip

33122

Country

USA

Zip

33122

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FACCIO, ARIEL H  
13041 NW 7  
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name FACCIO, ARIEL H  
Street Address (P.O. Box Number is Not Acceptable)  
3403 NW 82 AVE # 290  
City DORAL FL Zip Code 33122

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

10/17/2007

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FACCIO, ARIEL H	
STREET ADDRESS	13041 NW 7 LANE	
CITY - ST - ZIP	MIAMI, FL 33182	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FACCIO, ARIEL H	
STREET ADDRESS	3403 NW 82 AVE # 290	
CITY - ST - ZIP	DORAL, FL 33122	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/2007 (786) 552-5034

Date

Daytime Phone #

(10/23/07)