


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION**  
**REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

**FILED**  
**09 JAN 28 PM 12:45**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT #** P07000096636

**1. Corporation Name**  
Alcor Trading Corporation

05/06/08 60756 019 \$145.00  
400142297244  
01/28/09--01027--020 \*\*150.00

CR2E081 (12/08)

**2. Principal Office Address - No P.O. Box #**  
15843 SW 52 ST.

**3. Mailing Office Address**  
15843 SW 52 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
Miramar FL

**City & State**  
Miramar FL

**Zip** 33027 **Country** USA

**Zip** 33027 **Country** USA

**4. Date Incorporated or Qualified To Do Business in Florida**

**5. FEI Number**

26-0811430

☐ 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** Alcala, Pedro A.

**Street Address (P.O. Box Number is Not Acceptable)**  
15843 SW 52 Street

Suite, Apt. #, Etc.

**City** Miramar

**State** FL **Zip Code** 33027

☐ 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**

**REGISTERED AGENT MUST SIGN**

**Date**

**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 |
|--|-----------------------------------|--|--------------------|
| PD   | Alcala, Pedro A.                  | 15843 SW 52nd St.                              | Miramar, FL 33027  |
| VD   | Chen, Junxia                      | 15843 SW 52 ST.                                | Miramar, FL 33027  |
| *REINSTATEMENT FEE WAIVED DUE TO CLERICAL ERROR* |                                   |  |                    |
| REINSTATEMENT                                    |                                   |  |                    |

**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**

**Date**

**Daytime Phone #**

01/21/2009 786-350-6622