

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 MAR 17 AM 8:16

DOCUMENT # P07000128623

1. Corporation Name

CHER TRADING, INC.

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

4980 NW 165 STREET

Suite, Apt #, etc.

UNIT A-19

City & State

HIALEAH, FL

Zip

33014-6305

Country

USA

3. Mailing Office Address

4980 NW 165 STREET

Suite, Apt #, etc.

UNIT A-19

City & State

HIALEAH, FL

Zip

33014-6305

Country

USA

200165424562
61/05/10 01042 006 \$450
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida: 12/03/2007

5. FEI Number
26-1506812

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

SHUAI HUANG

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

4980 NW 165 STREET

Suite, Apt #, Etc

UNIT A-19

City

HIALEAH, FL

State

FL

Zip Code

33014-6305

☒ 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

Huang mp

Date

3/12/10

REGISTERED AGENT MUST SIGN

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	SHUAI HUANG	5025 SW 155 AVE	MIRAMAR, FL 33027

B 3/17/10

REINSTATEMENT 08-10

10. E-mail Address: CHUNFANGLIN88@YAHOO.COM

(To be used for future annual report notification)

11. 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. I further certify, 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:

Huang mp

SHUAI HUANG

3/12/2010

305-621-9379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #