

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2017 JUL 20 AM 10:28

RECEIVED
ALL INFORMATION

DOCUMENT # P090000042472

1. Corporation Name

North America Trading Group, Corp.

JUL 20 2017

L BERGER

CP2E08: (11/10)

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

13515 SW 119 ST

3. Mailing Office Address

13515 SW 119 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

05/11/2009

City & State

Miami, Florida

City & State

Miami, Florida

5. FEI Number

27-0179586

Applied For

Not Applicable

Zip

33186

Country

USA.

Zip

33186

Country

USA.

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Mario Oquendo

Street Address (P.O. Box Numbers Not Acceptable)

13515 SW 119 ST

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

800301615555

07/20/17--01019--007 **\$300.00

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 07/17/2017

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	Mario Oquendo	13515 SW 119 ST	Miami / FL / 33186

10. E-mail Address: Natymario@aol.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/17/2017 (786) 339-2000

Date

Daytime Phone #