

P11000046087

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
2015 DEC 22 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	--

DOCUMENT #

1. Corporation Name

Amtrade Corp

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

5330 SW 63rd Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country

USA

3. Mailing Office Address

5330 SW 63rd Ave

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33155

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650791954

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

Denis Picquart

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

5330 SW 63rd Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33155

600280314786
12/22/15--01008--012 **1050.00

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 12/18/15

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

10. E-mail Address:

(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

Date

Daytime Phone #

12/18/15 305.665.3981