

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND  
FILED

pg/ar2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 OCT 27 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P92000013097

1. Corporation Name

R.S. Trading Company  
2673 So. Park lane  
Pembroke Park, FL 33009

2. Principal Office Address

2673 So. Park lane  
Suite, Apt. #, etc.

3. Mailing Office Address

Same  
Suite, Apt. #, etc.

City & State

Pembroke Park FL

City & State

33009 Broward

Zip Country

33009 Broward

4. Date Incorporated or Qualified  
To Do Business in Florida

1992

5. FEI Number

65-0380231

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

Etan Raz

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

2673 So. Park lane

Suite, Apt. #, Etc.

800003458028

11/09/00 01017 002

\*\*\*\*158.75 \*\*\*\*158.75

City

Pembroke Park

State

FL

Zip Code

33009

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

[Signature]

Date 10/26/00

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
P/VP	Etan Raz	2673 So. Park lane	Pembroke Park, FL 33009

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 under section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/00

Date

(954) 964-3064

Daytime Phone #

CH2E081 (9/99)



PG 2 of 2

Department Of State  
Divisions Of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

RE: DOCUMENT NO. P92000013097

Dear Sir/Madam,

Regarding above stated document, we never received the Corporate Report Documents that should have been filed earlier this year. The previous years reports were always filed by our previous attorneys office. I was unaware that these documents needed to be filed. We ask that you please waive penalties and accept the check attached to the application and reinstate our corporation. I assure you this will not happen again.

If further information is needed, please contact Charlene Walker immediately at (954) 964-3064.

Thanking you in advance.

Sincerely,

R.S. TRADING COMPANY

Etan Raz  
President