

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 JAN -2 AM 8:00

DOCUMENT # **P93000000564**

1. Corporation Name

C.P.F. TRADING, INC.

Principal Place of Business

Mailing Address

**5401 COLLINS AVE.
 #719
 MIAMI BEACH FL 33140**

**5401 COLLINS AVE.
 #719
 MIAMI BEACH FL 33140**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

12/30/1992

5. FEI Number

13-3119955

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	PERL, CHANA	5401 COLLINS AVE., APT. 719	MIAMI BEACH FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**PEAR, CHANA
 5401 COLLINS AVE. APT 719
 MIAMI BEACH FL 33140**

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

11/24/03

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 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:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/03

Date

Daytime Phone #

CR2E040 (7/03)

225 n.e. mizner blvd., ste. 250
boca raton, florida 33432

561 394 5100
561 750 9781 fax

www.kaufmanrossin.com

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December 30, 2003

Mrs. Ruby Dunlap
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Re: C.P.F. Trading, Inc. 2003 UBR
EIN: 13-3119955

Dear Sir or Madam:

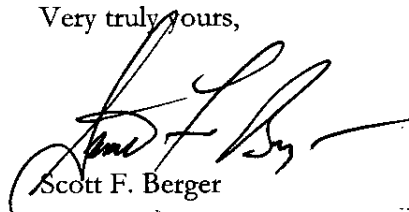
**KAUFMAN
ROSSIN &
CO.** PROFESSIONAL
ASSOCIATION
CERTIFIED PUBLIC ACCOUNTANTS

We are the accountants for the above referenced taxpayer and are writing to you on their behalf. They have just received back their Application for Reinstatement report along with the enclosed notice.

Please be advised that prior to receipt of this notice they did not receive any other correspondence or the original report. Enclosed is the completed Application for Reinstatement. Additionally, you have already deposited their check in the amount of \$150.00. Kindly waive the late fee due to the fact that the original report was not received and the taxpayer has complied in the past.

Should you require any additional information, please do not hesitate to contact us.

Very truly yours,



Scott F. Berger
Principal
Kaufman, Rossin & Co.

Enclosures
Cc: Chana Perl

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