

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000019374**

1. Corporation Name

TRADEINVEX CORP.

Principal Place of Business

1250 OCEAN DRIVE
MIAMI BEACH FL 33139

Mailing Address

1250 OCEAN DRIVE
MIAMI BEACH FL 33139

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

2. New Principal Office Address, If Applicable

420 LINCOLN RD.

Suite, Apt. #, etc.

SUITE 290

City & State

MIAMI BEACH, FL

Zip
33139

Country

USA

3. New Mailing Office Address, If Applicable

420 LINCOLN RD

Suite, Apt. #, etc.

SUITE 290

City & State

MIAMI BEACH, FL

Zip

33139

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/15/1983

5. FEI Number

65-0394480

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	WILLMOTT, RICHARD J	1250 OCEAN DRIVE	MIAMI BEACH FL 33139
D	WILLMOTT, RICHARD JR	1250 OCEAN DRIVE	MIAMI BEACH FL 33139

500002007865--0
-11/19/96--01081--009
****383.50 ****383.50

8. Name and Address of Current Registered Agent

LEVI, RAIMUNDO CPA
LOPEZ LEVI & ASSOCIATES, PA
815 NW 57TH AVE #304
MIAMI FL 33128

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **9-23-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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:

RICHARD J. WILLMOTT

9/23/96 305-531-9292

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED

96 NOV 14 AM 7:59

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

REINSTATEMENT

1996 mw3 11-18-96

CH25340 (7/95)