

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000023122**

1. Corporation Name

**TRADE EQUITY CORP  
12805 SW 6 STREET  
MIAMI, FLORIDA 33184**

2. Principal Office Address

**12805 SW 6 STREET**

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA 33184**

City & State

Zip

**33184**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**03/25/1993**

5. FEI Number

**11-3664895**

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

**JOSEPHS FRANCOIS**

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

**113 NW 33rd STREET**

Suite, Apt. #, Etc.

City

**MIAMI**

State  
**FL**

Zip Code

**33127**

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

*Josephs Francois*  
REGISTERED AGENT MUST SIGN

Date **11/26/2002**

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
Pres	GERARDO ESTEBAN RUJINSKY	337 20 STREET SUITE # 206	MIAMI BEACH, FLA 33139
V-P	HERIBERTO CANDELARIO PEREZ	6500 NW 2nd STREET	MIAMI, FLA 33126
C H B	MANUEL INOCENTE PEREZ	6500 NW 2nd STREET	MIAMI, FLA 33126
DIR	JOSEPHS FRANCOIS	113 NW 33rd STREET	MIAMI, FLA 33127

**400009284874**  
**12/02/02--01022--006 \*\*1958.75**

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

*Josephs Francois*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/26/2002**

Date

**305-350-1950**

Daytime Phone #