

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 24 PM 1:34

DOCUMENT # P93000030797

1. Corporation Name

Mico Trade Corp

Principal Place of Business

Mailing Address

8600 N. W. South River Drive
Suite 159
Miami, Florida 33166

SAME

400002303764--7

-09/25/97--01108--001

***1080.00 ***1080.00

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

7/19/94

5. FEI Number

65,0408357

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres	F. Paul Hicks	8600 N. W. S. River Dr Miami Suite 159	Miami, Florida 33166
VP		8600 N.W. S. River Dr.	Miami, Florida 33166
Sec	Beatriz L. Hicks	Suite 159	

REINSTATEMENT

95-97

CRG-24

8. Name and Address of Current Registered Agent

E.H.G
2601 South Bayshore Drive
Suite 1225
Miami, Florida 33133

9. Name and Address of New Registered Agent

Name

Paul F. Hicks

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

8600 N. W. S. River Dr Suite 159

Suite, Apt. #, Etc.

Suite 159

City

Miami

State

FL

Zip Code

33166

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

Paul F. Hicks

REGISTERED AGENT MUST SIGN

Date 9/19/97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/97 (305) 885-0111
Date Daytime Phone #