

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

02 NOV -6 AM 9:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P93000033034

1. Corporation Name

SOUTH FLORIDA-AMERICAS TRADING, CORPORATION

2. Principal Office Address

17403 NW 61ST COURT SOUTH

Suite, Apt. #, etc.

3. Mailing Office Address

17403 NW 61ST COURT SOUTH

Suite, Apt. #, etc.

City & State

HIALEAH

City & State

HIALEAH

Zip

33015

Country

USA

Zip

33015

Country

USA

REINSTATEMENT

00-02

200008817532

11/06/02--01018--022 \*\*1058.75

4. Date Incorporated or Qualified  
To Do Business in Florida

05/03/1993

5. FEI Number

65-0408282

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

GARCIA, ENRIQUE

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

17403 NW 61ST COURT SOUTH

Suite, Apt. #, Etc.

City

HIALEAH

State  
FL

Zip Code

33015

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

REGISTERED AGENT MUST SIGN

Date

OCTOBER 31, 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
PD	GARCIA, ENRIQUE	17403 NW 61ST COURT SOUTH	HIALEAH, FLORIDA 33015

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

Date

305-826-8098

Daytime Phone #

CR2081 (9/01)