

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Montalvo  
Secretary of State  
DIVISION OF CORPORATIONS

P93000039760

FILED  
97 JUN -4 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P93000039760(2)

1. Corporation Name

GLOBE TRADING EXP. INC.

Principal Place of Business

141 NE 3RD AVE.  
9TH FLOOR  
MIAMI FL 33132

Mailing Address

141 NE 3RD AVE.  
9TH FLOOR  
MIAMI FL. 33132

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

2. New Principal Office Address, If Applicable

7501 W. TREASURE DR

Suite, Apt. #, etc.

9P

City & State

MIAMI FL

Zip

33141

Country

3. New Mailing Address, If Applicable

141 NE 3RD AVE

Suite, Apt. #, etc.

9TH FLOOR

City & State

MIAMI, FL

Zip

33132

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

06/03/1993

5. FEI Number

65-0413603

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
D	VALENCIA EDUARDO	141 NE 3RD AVE 9FL.	MIAMI FL 33132
D	FERNANDO A. SILVEIRA	141 NE 3RD AVE 9FL.	MIAMI FL 33132

REINSTATEMENT 94-97

cut 4/17 FF \$1245.00  
600002217956--2  
-06/20/97--01011--012  
\*\*\*1245.00 \*\*\*1245.00

8. Name and Address of Current Registered Agent

VALENCIA EDUARDO  
141 NE 3RD AVE 9 FLOOR  
MIAMI FL. 33132

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]*  
REGISTERED AGENT MUST SIGN

Date May 12, 1997

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.