

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000040911**

1. Corporation Name

**THE FAMILY TRADING POST, INC.**

Principal Place of Business

Mailing Address

10395 S.W. 186TH STREET  
MIAMI FL 33157

10395 S.W. 186TH STREET  
MIAMI FL 33157

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.  
**10395 SW 186<sup>th</sup> Street**  
City & State  
**Miami, FL**  
Zip  
**33157** Country  
**USA**

Suite, Apt. #, etc.  
**10395 SW 186<sup>th</sup> Street**  
City & State  
**Miami, FL 33**  
Zip  
**33157** Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/04/1993**

5. FEI Number

**65-0417672**

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$3.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	BEHRENS, SONIA	19560 HOLIDAY ROAD	MIAMI FL 33157
			<b>200003078312--8</b>
			<b>12/22/99 01081 009</b>
			<b>***150.00 ***150.00</b>
			<b>SP</b>

8. Name and Address of Current Registered Agent

BERNARD, ANTHONY  
16155 S.W. 117TH AVENUE  
SUITE B-8  
MIAMI FL 33157

9. Name and Address of New Registered Agent

Name  
**Anthony BERNARD**  
Street Address (P.O. Box Number is Not Acceptable)  
**9032 SW 152ND Street**  
Suite, Apt. #, Etc.  
**Miami, Florida**  
City  
**Miami** State  
**FL** Zip Code  
**33157**

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

*Anthony Bernard*  
REGISTERED AGENT MUST SIGN

Date **11/12/99**

11. 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:

*X. Paul M. Colared*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**12-4-99**  
Date

**305-238-9268**  
Daytime Phone #

**The Family Trading Post,  
Inc.**

10399 SW 186<sup>th</sup> Street  
Miami, Florida 33157

2

November 12, 1999

Florida Department of Service  
Division of Corporations  
Po Box 6327  
Tallahassee, Florida  
32314-6327

Dear Sir or Madam:

After my conversation with one of your agents at the department of state, I was advised to write this letter and enclose a check in the amount of one hundred and fifty dollars (\$150.00).

Our company had recently moved and the mail was not forwarded to our new address as requested through the United States Postal Service. I recently received this notice of dissolution from the new tenants at previous location, (they were out of the state).

Due to these circumstances, I have enclosed the check in the amount of \$150.00.

Thanking you for your understanding and consideration in this matter.

Sincerely,

X 

Sonia Behrens  
President