

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P93000052546

1. Corporation Name

F.W INTERNATIONAL TRADING COMPANY, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable
847 NW 119 ST STE# 205

3. New Mailing Office Address, If Applicable
847 NW 119 ST STE# 205

Suite, Apt. #, etc.
STE# 205

Suite, Apt. #, etc.
STE# 205

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip 33168 Country US

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REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

07/27/1993

5. FEI Number

65-0425096

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPTS	WAINBERG, PETTER F.	847 NW 119 ST STE# 205	MIAMI, FL 33168

600024498456
11/07/03--01005--020 **900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DUREEN DURRANT

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

770 CLAUGHTON ISLAND RD # 1615

Suite, Apt. #, Etc.

City

MAIMI

State

FL

Zip Code

33131

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0305, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 11/13/03

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

11/13/03

Date

305-6855918

Daytime Phone

CR2E040 (1/2006)