

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



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

DOCUMENT # P93000061102

1. Corporation Name

MAXITRADE, INC.

FILED

96 OCT 28 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

175 FONTAINEBLEAU BLVD
~~644~~
MIAMI FL 33172
US

175 FONTAINEBLEAU BLVD
~~644~~
MIAMI FL 33172
US

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

2. New Principal Office Address, If Applicable

175 Fontainebleau Blvd

3. New Mailing Office Address, If Applicable

175 Fontainebleau Blvd

Suite, Apt. #, etc.

2G4

Suite, Apt. #, etc.

2G4

City & State
Miami, FL

City & State
Miami, FL

Zip
33172

Country
US

Zip
33172

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

08/27/1993

5. FEI Number

65-0436485

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)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PSD	COLLA, FABRICIO A	9511 FONTAINEBLEAU BLVD, BLDG 4,	MIAMI FL 33172
VTD	COLLA, CASSIANO R	RUA ANDRE DE BARROS #471	CURITABA, PARANA 1, BRAZIL

600001989006-4
-10/28/96--01115--013
****200.00 ****200.00

8. Name and Address of Current Registered Agent

COLLA, FABRICIO
9511 FONTAINEBLEAU BLVD.
BLDG. 4, APT. 206
MIAMI FL 33172

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

Date

REGISTERED AGENT MUST SIGN

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

Date

Daytime Phone #

10-9-96 (305) 225-0300

CR2040 (7/96)