

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # **PA3000074180**

1. Corporation Name

San Trading & Holding Corporation

Principal Place of Business

**444 Ocean Drive
Miami Beach, FL. 33139**

Mailing Address

**444 Ocean Drive
Miami Beach, FL. 33139**

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

2. New Principal Office Address, If Applicable

444 Ocean Drive

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

444 Ocean Drive

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/93

5. FEI Number

65-0447681

Applied For

Not Applicable

City & State

Miami Beach, Florida

City & State

Miami Beach, Florida

Zip

33139

Country

U.S.A.

Zip

33139

Country

U.S.A.

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
P/VP/ S/T	Mr. Sandro Sarto	444 Ocean Drive	Miami Beach, Florida 33139

8. Name and Address of Current Registered Agent

**Marc C. Bruni
150 S.E. 2nd Avenue, Suite 1405
Miami, Florida 33131**

9. Name and Address of New Registered Agent

Name

Mr. Sandro Sarto

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

444 Ocean Drive

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33139

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

REGISTERED AGENT MUST SIGN

Date **3/16/98**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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

3/16/98

Date

(305) 358-6559

Daytime Phone #

FILED

98 MAR 26 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT **96-98**

CR25040 (1/98)