PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075290

1. Corporation Name
TRADE ASSOCIATES OF AMERICA, INC

2. Principal Office Address	**3.** Mailing Office Address
777 Brickell Ave	3775 NW 77th St
Suite, Apt. #, etc.: 805	Suite, Apt. #, etc.:
City & State: MIAMI FLORIDA	City & State: MIAMI FLORIDA
Zip: 33131 Country: USA	Zip: 33147 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 11/01/93

5. FEI Number: 542012291 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert L. Douyon

Street Address (P.O. Box Number Is Not Acceptable): 16575 SW 100th Terr

Suite, Apt. #, Etc.:

City: MIAMI State: FL Zip Code: 33196

500004627565--2
-10/08/01--01085--008
****750.00 ****750.00

500004627565--2
-10/08/01--01085--009
*****8.75 *****8.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Date: 09/28/01

CR2E061 (9/00)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/S	Frantz Bruno	11603 Palmetto Hwy	Cooper City Fl 33026
VP	Robert L. Douyon	16575 SW 100th Ter	Miami Fl 33196
S	Frantz Bruno	11603 Palmetto Way	Cooper City Fl 33026
T	Alin L. Hall	15355 SW 73rd Ter #1	Miami Fl 33193
Executive Assistant	Reginald Legros	3775 NW 77th St	Miami Fl 33147
			MW

10. 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: Frantz Bruno Frantz Bruno 09/28/01 305.373.9293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. TRADE ASSOCIATES OF AMERICA, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED
01 OCT -1 AM 10:47
DIVISION OF CORPORATION

	NEW FILINGS
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
X	Reinstatement
	Trademark
	Other

Examiner's Initials	

CR2E031(9/92)