

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

FILED

97 DEC -1 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000080687

1. Corporation Name

BELMONT TRADING CORPORATION

Principal Place of Business

Mailing Address

8160 Geneva Court, #315
Miami, Florida 33166

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

2. New Principal Office Address, If Applicable
1036 South Miami Avenue
Suite, Apt. #, etc.3. New Mailing Office Address, If Applicable
1036 South Miami Avenue
Suite, Apt. #, etc.4. Date Incorporated or Qualified
To Do Business in Florida5. FEI Number
65-0454879Applied For
Not ApplicableCity & State
Miami, FloridaCity & State
Miami, FloridaZip
33130 Country
USAZip
33130 Country
USA6. 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/D	ROBERTO RIBEIRO	888 Brickell Key Dr. #910	Miami, Florida 33131
VP/D	NILO DE ALMEIDA	3610 Yacht Club Dr., #513	Aventura, Florida 33180

100002367441--8
-12/09/97--01105--016
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Nelson Slosbergas, Esquire

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

501 Brickell Key Drive, Suite 400

Suite, Apt. #, Etc.

Suite 400

City

Miami,

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 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date November 25th, 1997

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: