

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 19 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P94000020005*

1. Corporation Name

SATSUMA TRADING, INC.

100003929251--0
-03/29/01--01057--011
****900.00 ****900.00

2. Principal Office Address

725 SE 9th Court

3. Mailing Office Address

"same"

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Zip

33010

Country

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/17/94

SP

5. FEI Number

65-0475262

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *00-01*

7. Name and Address of Current Registered Agent

Name

Barry T. Shevlin, Esq.

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

1111 Kane Concourse

Suite, Apt. #, Etc.

Suite #605

City

Bay Harbor Islands

State

FL

Zip Code

33154

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

Barry T. Shevlin

REGISTERED AGENT MUST SIGN

Date

3-14-01

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, D

Stuart Tromberg

725 SE 9th Court

Hialeah, FL 33010

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01

Date

(905) 888-8788

Daytime Phone #

CR2ED81 (9/00)