

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT

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

APPROVED  
AND  
FILED

98 APR -6 PM 2:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000034718

1. Corporation Name

Nova Trading Inc

Principal Place of Business

Mailing Address

5375-39 Monterey Cir.  
Delray Beach FL 33484 ← (same)

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

05-05-1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

05-0503424

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 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
P	Helms, Jan C	5375-39 Monterey Cir Delray Beach FL 33484	600002481966--0 -04/08/98--01009--003 ****995.00 ****995.00
VPS	Turney, Beatriz	5375-39 Monterey Cir Delray Beach FL 33484	
POA	Decastro, Edgardo	5375-39 - Monterey Cir Delray Beach FL 33484	
T	Decastro, Norma	5375-39 Monterey Cir Delray Beach FL 33484	
REINSTATEMENT 97-98			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Turney, Beatriz  
5375-39 - Monterey Cir  
Delray Beach FL 33484

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

3/29/98

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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/98  
Date

(516)638-9721  
Daytime Phone #

CR2E04C (1/96)