

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000041380

1. Corporation Name

SANTIAGO TRADING USA, INC.

2. Principal Office Address - No P.O. Box #

5148 31ST AVE SO

Suite, Apt. #, etc.

3. Mailing Office Address

5148 31ST AVE SO

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

GULFPORT FL

Zip

33707

Country

USA

Zip

33707

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida **05/19/1994**

5. FEI Number

65-0493359

☐ 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

STEPHEN SIMONE, CPA

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

6439 CENTRAL AVENUE

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33710-8411

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 **06/04/2010**

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
PST	PARKER, J. KENNETH	5148 31ST AVE SO	GULFPORT FL 33707
VP	PARKER, TROY	2315 PREMIER DR SO	GULFPORT FL 33707

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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

Date

Daytime Phone #