

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 DEC 11 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000060500

1. Corporation Name

UNIMPEX TRADING INC.

REINSTATEMENT 04-06

2. Principal Office Address

8578 N.W. 23rd STREET

Suite, Apt. #, etc.

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City & State

MIAMI, FLORIDA

Zip

33122-1526

Country

DADE

3. Mailing Office Address

8578 N.W. 23rd STREET

Suite, Apt. #, etc.

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City & State

MIAMI, FLORIDA

Zip

33122-1526

Country

DADE

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/1994

5. FEI Number

65-0508962

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

CONRAD ML WITTKOP

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

MIAMI, FL. 33122-1526

Suite, Apt. #, Etc.

8578 N.W. 23rd Street

City

MIAMI,

State

FL

Zip Code

33122-1526

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

Conrad ML Wittkop
REGISTERED AGENT MUST SIGN

Date

12/7/06

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
PRE	CONRAD ML WITTKOP	8578 N.W. 23rd STREET	MIAMI, FL. 331221526

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12/20/06--01006--005 **1052.75

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 contained in Chapter 119, 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:

Conrad ML Wittkop

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CONRAD ML WITTKOP PRESIDENT

DEC 07, 2006

Date

305-470-1446

Daytime Phone #