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FOR
REINSTATEMENT

 ne Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000072060

1. Corporation Name

SERVICES TRADING OF MIAMI INC.

W-8333

Principal Place of Business

Mailing Address

 80 SW 8 ST. #2190
MIAMI-FL 33140

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

2. New Principal Office Address, if Applicable

5545 SW 8 ST #107

Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

THE SAME

Suite, Apt. #, etc.

City & State

MIAMI - FL

City & State

Zip

33134

Country

JDE

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09-30-1994

5. FEI Number

65-0524328

Applic

Not Ap

6.

CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee
for a Certificate of

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Titles	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
PR	RICHARD GARCIA	5545 SW 8 ST #107 MIAMI-FL-33134	MIAMI-FL-33134
VP	ARY FREITAS	CRS 509- BLOC B - LOVA SI	BRASILIA - DF BRASIL
Secy	DENISE BELLO	5545 SW 8 ST #107 MIAMI-FL-33134	MIAMI-FL-33134

 1000022451001-4
-05/09/00--01106-006
****450.00 ****450.00

8. Name and Address of Current Registered Agent

 RICHARD GARCIA
5545 SW 8 ST #107
MIAMI-FL-33134

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 03-23-00

11. This corporation owes 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

03-23-00



**SERVICES TRADING
OF MIAMI INC.**
IMPORT/EXPORT

Authorized Panasonic Distributor

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March 24, 2000

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division Of Corporations, We are attaching a check in the amount of \$350,00 for the annual report fee with our application.

We also state that We have not received any notice from the Division Of Corporations in respect with our corporation **Services Trading of Miami Inc.**
Thank for your courtesy in this matter.

Richard G. Posse
President

Brickell Bay View Centre
80 SW 8St. Suite # 2190 MIAMI - FL -USA 33130
Phone: 305-577-6100 Fax 305-577-6101
email: sertrad@aol.com