PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~APPLICATION FOR-REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

P95000027061 **DOCUMENT #**

1. Corporation Name

ESTEPHIE TRADING, INC.

Principal Place of Business

Mailing Address

FILED

00 MAY 19 PM 12: 45

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| | | | DI S.W. 1907H STREET | | | | | | |
|--|--|---|---|--|--|------------------------------|---------------------------------------|-------------------------|--|
| | | | | C | ERICT | PATEME | MT | ()OID | |
| If above | addresses are incorrect in any way. line th | nrough incorrect i | nformation and enter | correction below. | iciiao i | WI CHAIC | W 1 | MYW | |
| 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 Incom | orated or Qualified | | ***** | |
| 7235 CORAL WAY 7235 | | | CORAL WAY | | To Do Business in Florida 04/05/1995 | | | ME | |
| Suite, Apt. #, etc. Suite, A | | | #, etc. | | | | <u> </u> | 590 | |
| 201 | | | 5. FEI Nu | | 5. FEI Numbe | ī | L | Applied For | |
| City & State City & S | | | · | | 1 . | 65-0571545 | | Not Applicable | |
| MIAMI FL MIA | | | | | 6. | - | £0.75 | litional Fee required | |
| | | Zip う3j | 155 Country US | | CERTIFICATE OF STATUS DESIRED (for a Certificate of Status | | | | |
| 7. Names | and Street Addresses of Each Officer an | d/or Director (Flo | | | | | | | |
| Title(s) | itle(s) Name of Officers and/or Directors | | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Number | | ī | 4 | City / State / Zip | p | |
| PSTD | NOBO-ALVAREZ, RAQUEL M | | 9701 S.W. 130TH ST . | | | MIAMI FL 33176 | | | |
| | | | | | 11 | 00032 -06/21/0 ***1058 | 111111115 | 019 4001 *1058.75 | |
| | | | | | | | | | |
| | | | | | | | | - | |
| | 8. Name and Address of Curren | ent | | 9. Name and Address of New Registered Agent | | | | | |
| | | | | Name | 0 . / . 2 == | | | á | |
| 'NOBO | -ALVAREZ, RAQUEL M | | | NOGO- | HLVAROZ | RAQUEL M. | | = 1 | |
| | • | | Street Address (P.O. Box Number is Not Acceptable) | | | | اَعَ | | |
| 9701 S.W. 130TH ST. | | | | | ORAL WA | ٧ | | | |
| MIAMI FL 33176 | | | | Suite, Apt. #, Etc | | | • | | |
| | | | | ∂01 City | | | State Zip | Code | |
| | | | | MIAM | 1 | | | 33155 | |
| 10. I, bein | g appointed the registered agent of the a | bove named corp | oration, am familiar w | th and accept the o | bligations of Sect | ion 607.0505, F.S. | | | |
| Signature | of a Dalama | 70050 | EREQU | JIRED | | Date √ | 115/00 | , | |
| Registered | | | ZENT MUST SIGN | | | Date | / | | |
| | nis corporation owes or l tangible Personal Prope | | | ar Yes 🗆 | No 🗵 | . (See o | other side for in on intangible to | | |
| this rei | y that I am an officer or director or the rec nstatement application, the reason for dis by the corporation have been paid and the application is true and accurate, and my | solution has been a names of individ | n eliminated, the corpo duals listed on this for | orate name satisfies m do not qualify for | the requirements an exemption ur | s of section 607.0401 c | or 617.0401, F. | S., that all tees | |