PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 NOV 18 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000033828**

1. Corporation Name
PINES TRADING CORP.

Principal Place of Business	Mailing Address
1010 NW 185 TERR PEMBROKE PINES FL 33029	1010 NW 185 TERR PEMBROKE PINES FL 33029

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

REINSTATEMENT

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.: 18459 PINES BOULEVARD	Suite, Apt. #, etc.: 18459 - PINES BOULEVARD
City & State: SUITE #120 - PEMBROKE PINES	City & State: #120 - PEMBROKE PINES
Zip: 33029 Country: FLORIDA	Zip: 33029 Country: FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida: 05/01/1995

5. FEI Number: 650576015 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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
PV	DA GAMA, WALDEANE	1010 NW 185 TERR	PEMBROKE PINES FL 33029
T	DA GAMA, FERNANDO (NO LONGER W/ COMPANY)	1010 NW 185 TERR	PEMBROKE PINES FL 33029
			200002011132--2 -11/21/96--01044--019 ****375.00 ****375.00
			DB 11-19-96

8. Name and Address of Current Registered Agent

DA GAMA, WALDEANE
1010 NW 185 TERR
PEMBROKE PINES FL 33029

9. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 18459 - PINES BOULEVARD
Suite, Apt. #, Etc.: SUITE #120 - PEMBROKE PINES
City: PEMBROKE PINES State: FL Zip Code: 33029

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: WALDEANE REQUIRED Date: 11-12-96
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E040 (7/95)