

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

97 NOV -4 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000043863

1. Corporation Name

ALTO TRADING CORP.

Principal Place of Business

Mailing Address

~~0824 NW 65TH CT.~~
~~TAMARAC FL 33321~~

7521 NW 72ND AV.
MIAMI, FL 33166

~~0824 NW 65TH CT.~~
~~TAMARAC FL 33321~~

7521 NW 72ND AV.
MIAMI, FL 33166



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

2. New Principal Office Address, If Applicable

7521 NW 72ND AV.

Suite, Apt. #, etc.

City & State

MIAMI - FL.

Zip 33166

Country USA

3. New Mailing Office Address, If Applicable

7521 NW 72ND AV.

Suite, Apt. #, etc.

City & State

MIAMI, FL.

Zip 33166

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/30/1995

5. FEI Number

65-0580255

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	SAPIR, SAMUEL J.	0824 NW 65TH CT. 7521 NW 72ND AV.	TAMARAC FL 33321 MIAMI, FL 33166
			200002339592--2 -11705/97--01111--007 ****750.00 ****750.00
			REINSTATEMENT 97
			4 11-5-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAPIR, SAMUEL

~~0824 NW 65TH CT.~~
~~TAMARAC FL 33321~~

7521 NW 72ND AV.
MIAMI, FL 33166

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Samuel J. Saper

REGISTERED AGENT MUST SIGN

Date

10/29/1997

11. This corporation owes or has paid 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Samuel J. Saper

10/29/1997

Date

(305) 863-1680

Daytime Phone #

CR2E040 (8/97)