

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # P95000056980

1. Corporation Name

Drop Trading Corp.

Principal Place of Business

**8167 NW 60th Street
Miami, FL 33166**

Mailing Address

**8167 NW 60th Street
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
5060 NW 74th Avenue

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable
5060 NW 74th Avenue

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33166

Country

Zip
33166

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7/24/97

5. FEI Number

65-0599683

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

9697
aw

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
D/P T/S	Miguel A. Palacio	5060 NW 74th Avenue	Miami, FL 33166

400002238124--4

07/15/97-01036-002

***323.75 ***323.75

8. Name and Address of Current Registered Agent

**Miguel A. Palacio
8167 NW 60th Street
Miami, FL 33166**

9. Name and Address of New Registered Agent

Name
Miguel A. Palacio

Street Address (P.O. Box Number is Not Acceptable)
5060 NW 74th Avenue

Suite, Apt. #, Etc.

City
Miami

State
FL

Zip Code
33166

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

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date **July 9, 1997**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. 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.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 7, 1997

Date

Daytime Phone #

CORP-2040 (6-95)