

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

97 DEC 29 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000062520

1. Corporation Name

AXEL TRADING CO., INC.

Principal Place of Business

12355 N.E. 13TH AVENUE # 300
MIAMI FL 33161

Mailing Address

12355 N.E. 13TH AVENUE # 300
MIAMI FL 33161

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/14/1995

5. FEI Number

65-0609932

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)

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
PSD	PORTILLO, FREDDY D PAVLUK, ADRIANA	12355 N.E. 13TH AVENUE	MIAMI FL 33161
VDT	PAVLUK, ADRIANA BENABIS, JACK	12355 N.E. 13TH AVENUE	MIAMI FL 33161
			800002391338-- 9 -01/06/98--01076--013 ****750.00 ****750.00

REINSTATEMENT 1997

8. Name and Address of Current Registered Agent

PORTILLO, FREDDY D
12355 N.E. 13TH AVENUE
MIAMI FL 33161

9. Name and Address of New Registered Agent

Name
ADRIANA PAVLUK
Street Address (P.O. Box Number is Not Acceptable)
12355 NE 13TH AVENUE
Suite, Apt. #, Etc.
300
City
MIAMI
State
FL
Zip Code
33161

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]
REGISTERED AGENT MUST SIGN

Date 12/01/97

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/01/97
Date

(305) 892-4445
Daytime Phone #

CR2E040 (8/97)