

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
98-99 AR
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 10 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072638 (6)

1. Corporation Name

Speed Trading, Corp.

Principal Place of Business

1800 NW 82nd Ave
Miami, FL 33126

Mailing Address

782 NW Le Jeune Rd
Suite 434
Miami, FL 33126

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

09/08/95

5. FEI Number

65-0615623

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
D	Pares, Joao Roberto	350 Woodcrest Rd Key Biscayne, FL 33149	Key Biscayne, FL 33149

000002905840--1
-06/15/99--01107--023
****300.00 ****300.00

8. Name and Address of Current Registered Agent

Pares, Joao Roberto
350 Woodcrest Rd
Key Biscayne, FL 33149

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 06/07/99

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, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joao Roberto Pares

06/07/99 305-448-3323

Date

Daytime Phone #