PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
97 JUN 16 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000079576

1. Corporation Name: SUN TRADE GROUP INC.

Mailing Address / Principal Place of Business: 1540 West Flagler Street, Miami, Florida 33135

REINSTATEMENT 96-97

If above address is not correct in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

3. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: October 17 1995

5. FEI Number: ~~230844778~~ 230844778 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for 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) 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
President DIRECTOR.	Peter Bello	same as above	
Director	Carlos Beltran	same as above	

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06/20/97 --01117--007
****915.00 ****915.00

8. Name and Address of Current Registered Agent
Christopher M. Rundle, Esq.
3929 Ponce de Leon Blvd.
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent
Name: CHRISTOPHER M. RUNDLE
Street Address (P.O. Box Number is Not Acceptable): 3929 PONCE DE LEON BLVD.
Suite, Apt. #, Etc.:
City: CORAL GABLES State: FL Zip Code: 33134

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: THIS PERSON AGENT MUST SIGN Date 5/30/97

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: PETER BELLO. 5/30/97 (305) 649 2717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E070 (3.94)