

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED

98 MAR 26 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000081503 (1)**

1. Corporation Name

**SKY TRADING OF MIAMI CORP.**

Principal Place of Business

Mailing Address

**20903 Leward Court  
Unit 311  
North Miami Beach, FL 33180**

**Same**

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

4. Date Incorporated or Qualified  
To Do Business in Florida

**12/24/95**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

**65-0614785**

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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) 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
Pres.	Sarah Fonseca	20903 Leward Ct Unit 311	North Miami Beach, FL 3318
V-P/T	Mauricio Frazilli Comitre	8373 Lake Dr. # G-405	Miami, Florida 33166
v-p/D	Sergio Amelio Collina	20185 E. Country Club Dr #602	Aventura, Florida 33180
Secre	Luis Guimaraes	1501 NE Miami Gardens Dr.#346	North Miami Beach, FL 33179
<div>100002473371--8</div> <div>-03/31/98--01044--006</div> <div>****900.00 ****900.00</div>			

**REINSTATEMENT**

**97-98**

**SL 3-26-98**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**Carlos Fonseca**  
**20903 Leward Court Unit 311**  
**North Miami Beach, Florida 33180**

Name

**Luis Guimaraes**

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

**1501 NE Miami Gardens Drive**

Suite, Apt. #, Etc.

**Apt. # 602**

City

**North Miami Beach**

State

**FL**

Zip Code

**33179**

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 **3/23/98**

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

**3/23/98**

Date

Daytime Phone #

CR2E040 (1/98)