

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2008 FEB 25 PM 4:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000082652

1. Corporation Name

FARINA TRADING CORPORATION

2. Principal Office Address - No P.O. Box #

50 LEANNI WAY

Suite, Apt. #, etc.

UNIT E6

City & State

PALM COAST, FL

Zip

32137

Country

USA

3. Mailing Office Address

50 LEANNI WAY

Suite, Apt. #, etc.

UNIT E6

City & State

PALM COAST, FL

Zip

32137

Country

USA

REINSTATEMENT 99872008

4. Date Incorporated or Qualified  
To Do Business In Florida 10/27/1995

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ELENA KOTOMINA

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

50 LEANNI WAY

Suite, Apt. #, Etc.

UNIT E6

City

PALM COAST

State

FL

Zip Code

32137

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*E. Kotomina*

Date 02/19/2008

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTS	ANDREY CHIZH	50 LEANNI WAY, UNIT E6	PALM COAST, FL 32137

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02/25/08--01053--025 \*\*2258.75

10. 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 contained in Chapter 119, 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:

*A. Chizh*

ANDREY CHIZH

02/19/2008

386-446-2922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

B. Mitchell

FEB 25 2008