

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 13 PM 4:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000084802 (4)

1. Corporation Name

ROYAL TRADING CORP.

500003493125--8
-12/11/00--01029--008
***1050.00 ***1050.00

2. Principal Office Address

c/o Langen & Langen, PA

3. Mailing Office Address

Suite, Apt. #, etc.

112 S. Hibiscus Dr

Suite, Apt. #, etc.

P.O. Box 398570

City & State

Miami Beach, FL 33139

City & State

Miami Beach; FL 33239

Zip

33139

Country

Zip

33239-8570

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/1995

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

Christopher Langen

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

112 S. Hibiscus Drive

Suite, Apt. #, Etc.

City

Miami Beach

State
FL

Zip Code
33139

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

REGISTERED AGENT MUST SIGN

Date 11/9/00

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
D,P	Sergio Boyd	112 S. Hibiscus Dr.	Miami Beach, FL 33139
VP	Christopher Langen	112 S. Hibiscus Dr.	Miami Beach, FL 33139

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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 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

Date

11/9/00

Daytime Phone #

305-674-0023

CR2081 (9/99)