

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1996 DEC -9 PM 12:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000097501

1. Corporation Name

WESTERN TRADE CORPORATION

Mailing Address Principal Place of Business
343 Almeria Avenue 343 Almeria Avenue
Coral Gables, FL 33134 Coral Gables, FL 33134

400002025684--4
-12/11/96--01025--016
***375.00 ***375.00

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida 12-27-95

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. FEI Number 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)

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	Elsie Sanchez	343 Almeria Avenue	Coral Gables, FL 33134

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AmeriLawyer, Chartered
343 Almeria Avenue
Coral Gables, Florida 33134

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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 By: AmeriLawyer, Chartered

Date 12-5-96

REGISTERED AGENT MUST SIGN

President, Lawrence J. Spiegel

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: By: Elsie Sanchez, Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-5-96 (305) 445-2700
Date Daytime Phone #

CR2000 (6/94)