PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
00 AUG 22 PM 2:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000007543

1. Corporation Name OLD PORT TRADING COMPANY, INC
10145 S.W. 60TH STREET
MIAMI, FL 33173-1426451

REINSTATEMENT 98.00

2. Principal Office Address	**3.** Mailing Office Address
10145 SW 60 ST	10145 SW 60 ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33173 Country: USA	Zip: 33173 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida JAN 17. 1996

5. FEI Number 65-0652714 ☐ 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: ANDREW L. SIPOS, JR.

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-08/30/00--01045--020
******8.75 ******8.75

Street Address (P.O. Box Number is Not Acceptable): 250 BIRD ROAD Suite 302

Suite, Apt. #, Etc.:

City: CORAL GABLES. FL 33146 State: FL Zip Code: 33146

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: _____ Date: 8/15/00
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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
P/D	H. GEORGE MONTICINO	10145 S.W. 60 STREET	MIAMI, FL 33173
S/D	BONNIE B. MONTICINO	10145 SW. 60TH STREET	MIAMI, FL 33173
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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: _____ H. GEORGE MONTICINO PRESIDENT 16TH AUGUST 2000 305.596.3988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #