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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

97 OCT 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDARead Instructions on Other Side Before Making Entries
Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # P96 000021909

MP INTERNATIONAL TRADING COMPANY
3635 N.W. 46 ST.
MIAMI, FL 33142

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address
3635 N.W. 46 ST
City and State
Miami, FL
Zip Code
33142

3. If Principle Office Address is different from mailing address, enter address below:

Address
City and State
Zip Code4. Date Incorporated or Qualified
To Do Business in Florida

3/11/96

5. FEI Number

65-0648510

FEI Number Applied For

FEI Number Not Applicable

6.

\$8.75 Additional Fee required
for a Certificate of StatusCERTIFICATE OF STATUS DESIRED ☒

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
P, S	MANUEL PINEDA	9822 SW 133 PL. MIAMI, FL 33186	MIAMI, FL 33186
V, T	CARLOS PINEDA	3049 NW 96 ST	MIAMI, FL 33147

REINSTATEMENT

1997

a. Man

10/15/97

400002324624-8
-10/20/97--01139--012
****758.75 ****758.75

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name

MANUEL PINEDA

Street Address (Do NOT Use P.O. Box Number)

9822 SW 133 PL.

Street Address (Do NOT Use P.O. Box Number)

City

Miami

State

FL.

Zip

33186

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

Manuel Pineda

REGISTERED AGENT MUST SIGN

Date 10/15/97

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 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 of
Officer or Director

Manuel Pineda

Date 10/15/97

Daytime Phone # (305) 6350622

CR2E040 (8/92)