| | PLEAS | E READ A | ALL INST | RUCT | ONS. | BEFORE C | OMPLET | ING THIS FO | ORM. | | |
|---|--|------------------------------------|---|---------------------------------|---------------------|--|--|---|--|------------------------------------|--|
| | PLICATION FOR | | | A DEPAI Sandra I Secreta | B. Mort | | | | | | |
| REINSTATEMENT DIVISION OF CORPORATIONS | | | | | | | | | | | |
| DOCUMENT # P96000023142 1. Corporation Name | | | | | | | 98 MAR -2 AM 8: 36 | | | | |
| Center International Trading, Corp. | | | | | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| Principal Place of Business Mailing Address | | | | | | |] | | | | |
| 9810 NW 80 Aux | | | | | | | | م من المنظمة ا | ACNT O | Mar | |
| Bay 8-E Hinlerh Gardens, F1 33016 If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | | | | | REINSTATEMENT 91-98 | | | | |
| 2. New Principal Office Address, If Applicable | | | 3. New Mailing Office Address, If Applicable 4950 E 10 Lane | | | | Date Incorporated or Qualified To Do Business in Florida | | | | |
| Sulte, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 5. FEI Number Applied For | | | | |
| City & State | | | City & State 74: Aleah 5-lor | | | ida | 65-0649424 Not Applicat | | | Not Applicable | |
| Zip | Country | | Zip _330_16 | | Country 2 | A | <u> </u> | E OF STATUS DESIRED | | nal Fee required rate of Status | |
| 7. Names a | and Street Addresses of E | ach Officer and/o e of Officers | r Director (Flo | T | Stre | et Address of Each |) | Ī | | | |
| Title(s) 1 | Title(s) and/or Directors 1 2 | | 3 (Do NOT Us | | | cer and/or Director Post Office Box N | lumbers) | 4 | City / State / Zip | | |
| P sergio Salazar | | | 4950 E 1 | | | OLANG | | Hiakah, | Florida | 35016 | |
| | | | | | | | | | | | |
| | | | | | | | | | 36 | ma8 | |
| | | | | | | | 700002452467 3 -03/10/9801046020 ****900.00 ****900.00 | | | | |
| | | | | | | | | | | | |
| • | 8. Name and Addre | ess of Current R | egistered Age | nt | | Name | | Address of New Regi | stered Agent | | |
| Sevaic | | | | | | | Splazav O. Box Number is Not Acceptable) | | | | |
| · · | | | | | Suile, Apt. #, Etc. | | | | and the state of t | | |
| 10. I. being a | appointed the pointered | agent of the Mov | e named ogroo | ration, am f | amiliar witi | City 1-1 i A le vi | a La | on 607,0505, F.S. | State Zip Code | | |
| Signature of Registered A | lent | \prec | SISTERED AG | | | | | Date 12 | 30197 | | |
| 11. Do | es this corpora pt. of Revenue | tion pay ai under S. 1 | ny intang 199.032, | ible tax Florida | to the Statu | tes. Yes | □ No[| | other side for inform on intangible tax.) | ation | |
| this reinsi owed by | hat I am an officer or dire- talement application, the the corporation have bee optication is true and accu | reason for dissolute paid | ition has been mes of individi | eliminated, t tals listed or | the corpora | ale name satisfies do not qualify for a | the requirements an examption und | of section 607.0401 of | ir 617.0401, F.S., th | al all foes | |
| SIGNATI | URB: GUATURAN | D TYPED ON PRIN | TED NAME OF S | IGNING OFFI | CER OR D | RECTOR | | 12/30/97 | (aos) 819 -4 Daytimo Phone | 1857 | |

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