

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS  
97-00  
41312

**FILED**

00 AUG -4 AM 10:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # R6 0000 30752

**1. Corporation Name**

PLANET TRADE USA, INC.

**2. Principal Office Address**

1704 N. GOLDENROD RD.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

34787

Country

U.S.A.

**3. Mailing Office Address**

P.O. Box 770373

Suite, Apt. #, etc.

City & State

ORLANDO, FL

Zip

32877

Country

U.S.A.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

04/9/1996

**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

LUIZ ALBERTO MESQUITA

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

1704 N. GOLDENROD RD.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

34787

**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

[Signature]

REGISTERED AGENT MUST SIGN

Date

08/4/00

**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
DP	MESQUITA, LUIZ A	1704 N. GOLDENROD RD.	ORLANDO, FL 34787
DV	MESQUITA, MONIQUE	2747 HERON'S LANDING DR	KISSIMEE, FL 34741

**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]  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/4/00  
Date

(407) 8708757  
Daytime Phone #

CR2E081 (9/99)