

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 11 AM 8:17

DOCUMENT # P96000069847

1. Corporation Name

DENCA TRADE INTERNATIONAL INC.

2. Principal Office Address

1101 OBISPO AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip
33134

Country
USA

3. Mailing Office Address

1101 OBISPO AVENUE

Suite, Apt. #, etc.

City & State

CORAL GABLES FL

Zip
33134

Country
USA

REINSTATEMENT 04-05

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

08-21-1996

5. FEI Number
65-0693532

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
CARLOS TRAVIESO

Street Address (P.O. Box Number is Not Acceptable)
1101 OBISPO AVENUE

Suite, Apt. #, Etc.

City
CORAL GABLES

State
FL

Zip Code
33134

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
03-06-05

REGISTERED AGENT MUST SIGN

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	CARLOS TRAVIESO	1101 OBISPO AVENUE	CORAL GABLES FL 33134

800049736758
04/04/05-01003-014 **900.00

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.

305-674-9675

SIGNATURE:

CARLOS TRAVIESO

03-06-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)