

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Janet B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000070502

1. Corporation Name

TWO BROTHERS TRADING ENTERPRISES, INC.

Principal Place of Business

Mailing Address

4810 N.W. 2nd Avenue
Miami, FL 33127

same

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/96

5. FEI Number

65-0692495

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres.	Ibrahim Ismail Dalieh	4810 N.W. 2nd Avenue	Miami, FL 33127

000002882900--0

-05/21/99--01105--004

****300.00 ****300.00

8. Name and Address of Current Registered Agent

Ibrahim Ismail Dalieh

9. Name and Address of New Registered Agent

Name

4810 N.W. 2nd Avenue

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

Suite, Apt. #, Etc

City Miami

State FL

Zip Code 33127

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

REGISTERED AGENT MUST SIGN

Date Feb. 22, 1999

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax)

12. 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)(ii), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03.03.99

Date

Daytime Phone #

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TWO BROTHERS TRADING ENTERPRISES, INC.
4810 N.W. 2ND Avenue
Miami, Florida 33127

Ph. (305)756-0789

March 3, 1999

State of Florida
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32314

Dear Sirs:

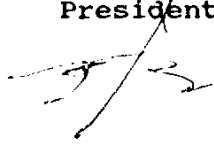
We are requesting reinstatement and a one-time waiver of the reinstatement fee for our corporation. The annual report form was mislaid and due to an oversight we failed to obtain a blank form to file the report when it came due.

A check in the sum of \$300.00 is enclosed to cover the reinstatement fee.

Thank you for your attention to this matter.

Very truly yours,

Ibrahim Ismail Dalieh,
President



Encl.