

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000072757

1. Corporation Name

INTERNATIONAL TRADERS OF MIAMI, INC.

2. Principal Office Address

15685 SW 153 CT.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33187

Country

3. Mailing Office Address

15685 SW 153 CT.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33187

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/03/1996

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

GI SELA GARCIA

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

15685 SW 153 CT.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33187

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

REGISTERED AGENT MUST SIGN

Date

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/D	GEISHA GARCIA	15685 SW 153 CT.	MIAMI, FL 33187

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 contained in Chapter 119, 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

Date

Daytime Phone #

FILED
06 FEB -3 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-06

REINSTATEMENT
CR2E081 (12/05)

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02/10/06 01008 014 **750 00

PS 2002

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

AS PER OUR PHONE CONVERSATION I AM SENDING TO YOU THIS LETTER OF EXPLANATION AND THE UBR FORM ALONG WITH A CHECK TO PROPERLY UPDATE CORPORATION I FURTHER STATE THAT I DID NOT RECEIVE THE NOTICE FOR 2002 UBR FIRST NOR SECOND NOTICE. I WOULD LIKE TO RESOLVE THIS ISSUE, PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND WAIVE ANY LATE FEES.

I HAVE A NEW MAILING ADDRESS PLEASE MAKE A NOTE OF IT.

CORDIALLY,


GEISHA GARCIA
PRESIDENT