

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 FEB 25 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PA6000077072

1. Corporation Name

**FLINSALES TRADING + HOLDING
CORPORATION**

Principal Place of Business

**150 S.E. 2ND AVENUE
MIAMI, FL 33131**

Mailing Address

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

2. New Principal Office Address, If Applicable

**12500 S.W. 130TH STREET
Suite, Apt. #, etc.**

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

17 SEPTEMBER 1996

5. FEI Number

NONE

☒ Applied For

☐ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

City & State

MIAMI, FLORIDA

Zip

33186

Country

U.S.A

City & State

Zip

Country

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/S/D	Jose Gomes	12500 S.W. 130 Street	Miami, FL 33186
V/T/D	Antonio Sotero	12500 S.W. 130 Street	Miami, FL 33186
			200002443012--4 -02/27/98--01097--003 ****300.00 ****300.00

REINSTATEMENT

97-98

4-2-25-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Sheldon L. Gottlieb

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

10700 N. Kendall Drive, Suite 203

Suite, Apt. #, Etc.

Suite 203

City

Miami

State

FL

Zip Code

33176

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

2-23-98

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)(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: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-98

Date

Daytime Phone #

CR2040 (1/98)