PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

98 MAR 30 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000085875

1. Corporate Name
EAGLE TRADING PARTNERS, INC.

Principal Place of Business / Mailing Address
2708 W. 84th STREET
MIAMI, FLORIDA 33016

If above address is incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable
2708 W 84 STREET
Suite, Apt. #, etc.
City & State: MIAMI FLORIDA
Zip: 33016 Country: USA

3. New Mailing Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/17/96

5. FEI Number: 65-0697178 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $6.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	NORMA RESTREPO	2691 CYPRESS LANE	WESTON, FL 33326
VP	CARLOS ROSA	2708 W 84 STREET	HIALEAH, FL 33016

100002475091--0
-04.01.98--01052--003
*****923.75 *****923.75

REINSTATEMENT 9-1-98

J. Alan 3/30/98

8. Name and Address of Current Registered Agent
NORMA RESTREPO
2691 CYPRESS LANE
WESTON, FL 33326

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State: FL Zip Code

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: Norma Restrepo (REGISTERED AGENT MUST SIGN) Date: 3-24-98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Norma Restrepo 3-24-98 305 828-7669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

NORMA RESTREPO