PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-00

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 APR 11 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 99-00

DOCUMENT # P96000086949

1. Corporation Name
MIAMI TRADERS INC

2. Principal Office Address
1962 NW 82nd Avenue
Suite, Apt. #, etc.
City & State
Miami, Fl 33126
Zip
Country

3. Mailing Office Address
1962 NW 82nd Avenue
Suite, Apt. #, etc.
City & State
Miami, Florida 33126
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida Oct.022nd;r1996

5. FEI Number 65-0701578 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

SP

7. Name and Address of Current Registered Agent
Name
Adiela Trujillo
Street Address (P.O. Box Number is Not Acceptable)
1962 NW 82nd Avenue
Suite, Apt. #, Etc.
City
Miami,Fl 33126
State FL
Zip Code 33126

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****900.00 ****900.00

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 [signature]
REGISTERED AGENT MUST SIGN
Date 4/10/00

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	Adiela Trujillo	1962 NW 82nd Avenue	Miami, Fl 33126
V-P	Alex Zulvaga	1962 NW 82nd Avenue	Miami, Fl 33126
S/T	Diego Zulvaga	1962 NW 82nd Avenue	Miami, Fl 33126

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.

SIGNATURE: [signature] 4/10/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #