

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 DEC 13 AM 11:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P96000087991**

1. Corporation Name

Tradeville, Inc.

2. Principal Office Address

2654 NW 112th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33172

Country

U.S.

3. Mailing Office Address

2654 NW 112th Ave

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33172

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

10-24-96

5. FEI Number

65-0728645

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

Marcus Kadur

300003521613-1

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

2654 N.W. 112th Ave.

01/03/01-01034-005

*****1050.00 ***1050.00**

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

Marcus Kadur
REGISTERED AGENT MUST SIGN

Date **12-11-00**

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	Marcus Kadur	2654 N.W. 112th Ave	Miami, FL 33172
V	William R. Fulford	2654 N.W. 112th Ave	Miami, FL 33172
S/T	Gislene Kadur	2654 NW 112th Ave	Miami, FL 33172

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.

KE

SIGNATURE:

Marcus Kadur

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-11-00

Daytime Phone #