

APPLICATION
FOR
REINSTATEMENT



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

1. Corporation Name

One America Trading, Inc.

Principal Place of Business

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
13525 N.W. 4th St

Suite, Apt. #. etc

City & State

Plantation #2

Zip 33525

Country
Broward

3. New Mailing Office Address, If Applicable
13525 1111 7th St

Suite, Apt. #, etc

City & State

Plantation FL

Zip 3332

Country Forward

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

_____ E A _____

5. FEI Number

65-0709066

Applied For

Not Applicable

6.

**\$8.75 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)

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
D,P	Joshua Bolin	13525 NW 7 th St	Plantation, FL 33325
D,V,S	Sheila Bolin	13525 NW 7 th St.	Plantation, FL 33325
			900002902569--0 -06/11/99--01095--001 ***1050.00 ***1050.00
			900002902569--0 -06/11/99--01095--002 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name Joshua Bolin
Street Address (P.O. Box Number is Not Acceptable) 13525 NW 7th St
Suite, Apt. #, Etc. RV/A
City Plantation

State FL	Zip Code 33325
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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

REGISTERED AGENT MUST SIGN

Date 6-8-99

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)(j), 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

Joshua Bolin, President

6-8-99
Date

(954) 858 1977
Daytime Phone #