

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 SEP 29 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P97000019056

**1. Corporation Name**

AMB INTERNATIONAL TRADING, Inc.

**2. Principal Office Address**

169 E Flager St

**3. Mailing Office Address**

169 E Flager St

**Suite, Apt. #, etc.**

Suite #1534

**Suite, Apt. #, etc.**

suite #1534

**City & State**

Miami, FL 33131

**City & State**

Miami, FL 33131

**Zip**

**Country**

**Zip**

**Country**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

2/27/1997

**5. FEI Number**

65-0732612

**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**

Martti Kalkas

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

245 SE 1st Street, Suite 311

**Suite, Apt. #, Etc.**

**City**

Miami

State  
**FL**

**Zip Code**

33131

**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

*Martti Kalkas*

REGISTERED AGENT MUST SIGN

Date

9/26/00

**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
PSD	Daniel Vives	169 E Flager St. #1534	Miami, FL 33131
VPTD	Elsa Vives	169 E Flager St. #1534	Miami, FL 33131
			KE

**10. I certify that I am an officer or director of 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:**

*Daniel Vives*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/26/00 (305) 960-1180

Daytime Phone #