

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAR -7 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

98-02 UBR

DOCUMENT # P97000037208

1. Corporation Name
SOUTH COAST GENERAL TRADING, INC

2. Principal Office Address
5560 WEST OAKLAND PARK BLVD
Suite, Apt. #, etc.

3. Mailing Office Address
Suite, Apt. #, etc.

City & State
LAUDERHILL, FL

City & State

Zip
33313

Country
BROWARD

300005183193--8
-04/02/02--01051--008
****150.00 ****150.00

1998-2002 UBR

4. Date Incorporated or Qualified
To Do Business in Florida 04/25/1997

5. FEL Number
65-0799462

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
AL'I GHIASS

Street Address (P.O. Box Number is Not Acceptable)
5560 WEST OAKLAND PARK BLVD

Suite, Apt. #, Etc.

City
LAUDERHILL

State
FL

Zip Code
33313

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
G. Li

REGISTERED AGENT MUST SIGN

Date
9/05/01

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
PD	AL'I GHIASS	5560 WEST OAKLAND BLVD	LAUDERHILL, FL 33313
SD	AL'I HAZAR	5560 WEST OAKLAND BLVD	LAUDERHILL, FL 33313

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)(b), 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: G. Li AL'I GHIASS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
9/05/01

Daytime Phone
954-699-7725