

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED

99 JUL -6 AM 11:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000060963

1. Corporation Name

EXCELL TRADING & EXPORT INC

Principal Place of Business	Mailing Address
168 SW 1 STREET #1000 MIAMI FL 33131	168 SW 1 STREET #1000 MIAMI FL 33131

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 168 SE 1 street Suite, Apt. #, etc. SUITE # 703 City & State MIAMI - FL Zip 33131 Country U.S.A	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 07/14/1997	5. FEI Number 65.076 75 97	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$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	HURT, DEMETRIO NO LONG DIRECTOR	1101 101 STREET	BAY HARBOR ISLAND FL 33154	
P	OLIVEIRA, WEDERSON	7601 E. TREASURE DR # 905	N BAY VILLAGE, FL 33141	
			4000002932724--0 07/16/99 01002 006 ****300.00 ****300.00	
FILED STATEMENT 98-99 TS				

8. Name and Address of Current Registered Agent VEGA, JOSE M 25 SE 2ND AVE STE 201 MIAMI FL 33131	9. Name and Address of New Registered Agent Name PEDRO J. VALENTIN Street Address (P.O. Box Number is Not Acceptable) 13100 SW 92 AVE. # C 404 Suite, Apt. #, Etc. MIAMI City MIAMI State FL Zip Code 33176
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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 *Pedro J. Valentin* Date **4/15/99**

REGISTERED AGENT MUST SIGN

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)(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: *WEDERSON DE OLIVEIRA* President
 WEDEERSON DE OLIVEIRA - 6-30-99, 305-372-1919
 Date Daytime Phone #