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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

DO NOT WRITE IN THIS SPACE

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

Read Instructions on Other Side Before Making Entries
Make Check Payable To: **Department of State**

1. Name and Mailing Address of Corporation: **DOCUMENT # P97000082047**

PIRES TRADING, CORP.
520 Brickell Key Drive, Suite 819
Miami, Florida 33131

2. If Address in Block 1 is incorrect in any way, enter the correct address below:

Address:

City and State:

Zip Code:

3. If Principle Office Address is different from mailing address, enter address below:

REINSTATEMENT *03.99*
City and State: Zip Code:

4. Date Incorporated or Qualified
To Do Business in Florida
09/22/97

5. FET Number

☒ FET Number Applied For
☐ FET Number Not Applicable

6. **\$8.75 Additional Fee required
for a Certificate of Status**
CERTIFICATE OF STATUS DESIRED ☐

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
PD	Pires, Jadel	520 Brickell Key Drive Suite 819	Miami, Florida 33131
SD	Pires, Barbara	520 Brickell Key Drive Suite 819	Miami, Florida 33131

7000002824637-2
03/31/99-01004-019
*****2700.00 ****300.00**

REGISTERED AGENT INFORMATION

8. Name and Address of Current Registered Agent

9. If changed, new registered agent / office

Name

Miguel A. Martin, Esq.

Street Address (Do NOT Use P.O. Box Number)

M. A. Martin & Associates, P.A.

Street Address (Do NOT Use P.O. Box Number)

848 Brickell Key Drive, Suite 830

City

Miami

State

FL

Zip

33131

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

3/16/99

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Date

3/16/99

Daytime Phone #

(305) 3744422

Typed or printed name of signing officer or director

CR25040 (8-92)