


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 897000086573
1. Corporation Name AURORA TRADING CORP.

2. Principal Office Address <u>3802 N.E. 207th ST.</u>		3. Mailing Office Address <u>3802 N.E. 207th ST.</u>	
Suite, Apt. #, etc. <u>#2901</u>		Suite, Apt. #, etc. <u>#2901</u>	
City & State <u>AVENTURA FL</u>		City & State <u>AVENTURA FL</u>	
Zip <u>33180</u>	Country <u>U.S.A.</u>	Zip <u>33180</u>	Country <u>U.S.A.</u>

500042188505
10/26/04--01062--007 **900.00

REINSTATEMENT 03-84

4. Date Incorporated or Qualified To Do Business in Florida 10/07/1997

5. FEI Number 65-0789587

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

7. Name and Address of Current Registered Agent

Name ISRAEL KAGANAS

Street Address (P.O. Box Number is Not Acceptable)
3802 N.E. 207th ST.

Suite, Apt. #, Etc. #2901

City AVENTURA State FL Zip Code 33180

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

REGISTERED AGENT MUST SIGN

Date 10/25/09

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
P, D	Kaganas, Israel	3802 N.E. 207 St	Aventura FL 33180
SRD	Kaganas, Zulma	3802 N.E. 207. St Apt. 2901	Aventura FL 33180

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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/25/04
Date

305-936-0869
Daytime Phone #

CR25081 (01/04)