

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P97000087141

1. Corporation Name

INTER AMERICAN TRADING & ENGINEERING, INC.

Principal Place of Business

Mailing Address

2220 SW 136th Avenue
MIAMI, FL 33175

2220 SW 136th Avenue
MIAMI, FL 33175

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

2. New Principal Office Address, If Applicable

12271 S.W. 96 ST.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12271 S.W. 96 ST.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33186

Country

Zip

33186

Country

4. Date Incorporated or Qualified To Do Business in Florida

10/08/1997

5. FEI Number

65-0801515

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	ESPINEL, ARMANDO X	12271 SW 96TH ST	MIAMI, FL 33186
T	SALEM, JOSE	174 210 ST APT 601	N MIAMI BCH FL 33160
P	GUEVARA, CRISTINA	174 210 apt.601	N MIAMI BCH. FL.33160
			580083832605-7
			-11/02/99--01074--015
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ESPINEL, ARMANDO X
12271 SW 96 ST
MIAMI FL 33186

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date 10-21-99

REGISTERED AGENT MUST SIGN

11. 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:

Cristina Guevara

CRISTINA GUEVARA - PRESIDENT

10-21-99

305-466-0936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 25 PM 5:52

REINSTATEMENT 99

CR20040 (8/99)