

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

00 FEB 18 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

SKY STAR TRADE CORP.

Principal Place of Business

4995 NW 72 AVE., #201
MIAMI, FL 33166

Mailing Address

4995 NW 72 AVE., #201
MIAMI, FL 33166

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

2. New Principal Office Address, If Applicable

5190 NW 167 STREET

Suite, Apt. #, etc.

111

City & State

MIAMI, FL

Zip

33014

Country

USA

3. New Mailing Office Address, If Applicable

5190 NW 167 STREET

Suite, Apt. #, etc.

111

City & State

MIAMI, FL

Zip

33014

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/2/98

5. FEI Number

65-0804132

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PST	MOHAMAD ABDUL HUSSEIN BADRAN	5190 NW 167 STREET, SUITE 111	MIAMI, FL 33014
			6000003155776--6 -03/03/00--01003--010 ****900.00 ****900.00

REINSTATEMENT 99-80 TS

8. Name and Address of Current Registered Agent

JOSEPH SHOMAR
17439 NW 66 COURT
MIAMI, FL 33014

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 2/3/2000

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/2000 (305) 474-0086
Date Daytime Phone #

CR2E040 (1/98)