

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020606

1. Corporation Name

CPV TRADING CORPORATION

2. Principal Office Address

3399 NW 72 AVE

3. Mailing Office Address

3399 NW 72 AVE

Suite, Apt. #, etc.

SUITE 110

Suite, Apt. #, etc.

SUITE 110

City & State

MIAMI

City & State

MIAMI

Zip

FL

Country

33122

Zip

FL

Country

33122

4. Date Incorporated or Qualified
To Do Business in Florida

03/07/1998

5. FEI Number

650820943

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CARLOS PIESCHACON

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

3399 NW 72 AVE

Suite, Apt. #, Etc.

SUITE 110

City

MIAMI

State

FL

Zip Code

33122

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

Date 01/20/2004

REGISTERED AGENT MUST SIGN

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	CARLOS PIESCHACON	3399 NW 72 AVE # 110	MIAMI, FL 33122

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

01-21-04

Date

305-592-7707

Daytime Phone #

FILED

04 FEB 12 - PM 12:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500028639625
02/12/04--01023--004 **908.75

REINSTATEMENT

03-04

CR2E081 (10/02)