

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 10 AM 11:39

DOCUMENT # P98000037674

1. Corporation Name

TRADE OFFICE OF VENEZUELA, INC.

Principal Place of Business

Mailing Address

400 S ORANGE AVE. 9TH FL
ORLANDO FL 32801

400 S ORANGE AVE. 9TH FL
ORLANDO FL 32801

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2096 SUSSEX RD.
WINTER PARK, FL
32792 SEMINOLE

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

04/24/1998

5. FEI Number

593-5633-89

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
PVST	VIVAS, HORTENCIA M	400 S ORANGE AVE, 9TH FL	ORLANDO FL 32801
D	VIVAS, HORTENCIA M	400 S ORANGE AVE, 9TH FL	ORLANDO FL 32801

400003053204--4
-11/23/99--01058--019
****758.00 ****758.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VIVAS, HORTENCIA M
400 S ORANGE AVE, 9TH FL
ORLANDO FL 32801

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11-01-99

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:

[Signature] HORTENCIA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-01-99

Daytime Phone #

AD

CR2ED40 (8/99)