

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P98000052779**

1. Corporation Name

TAMPA TRADING INTERNATIONAL, INC.

Principal Place of Business

2005 PAN AM CIRCLE SUITE 700
TAMPA FL 33607

Mailing Address

2005 PAN AM CIRCLE SUITE 700
TAMPA FL 33607

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

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

REINSTATEMENT

09-00

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1998

5. FEI Number

59-3515965

Applied **SP**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	ROVIRA, SOFIA C	2005 PAN AM CIRCLE SUITE 700	TAMPA FL 33607
D	BYRNE, ALEXANDER S	2005 PAN AM CIRCLE SUITE 700	TAMPA FL 33607
D	COURET, RAFAEL M	2005 PAN AM CIRCLE SUITE 700	TAMPA FL 33607

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-06/12/00--01017--009
****908.75 ****908.75

8. Name and Address of Current Registered Agent

PINA, OLGA M
501 EAST KENNEDY BLVD. SUITE 1700
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

SOFIA C. ROVIRA

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

2005 PAN AM CR., SUITE 700

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33607

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 REQUIRED
Sofia C. Rovira
REGISTERED AGENT MUST SIGN

Date **1/19/00**

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 REQUIRED
Sofia C. Rovira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/00
Date

(813) 879-5504
Daytime Phone #