

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 26 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000055830

1. Corporation Name

USA DYNAMIC TRADE CORP.

Principal Place of Business

8657 NW 56TH STREET
MIAMI FL 33166

Mailing Address

8657 NW 56TH STREET
MIAMI FL 33166



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
2654 N.W. 97TH AVENUE

City & State
MIAMI, FLORIDA

Zip Country
33172 USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
2654 N.W. 97TH AVENUE

City & State
MIAMI, FLORIDA

Zip Country
33172 USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/23/1998

5. FEI Number

65-0865738

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MCLAMED, ZEEV	RES. ACACIAS LAZA AP 5 P.5 AVE L	LA FLORIDA, CARACAS 1050 VEN

000008624660

10/28/02--01078--010--**75000

8. Name and Address of Current Registered Agent

LARA, EUGENIO
8657 NW 56TH STREET
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

EUGENIO LARA

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

2654 N.W. 97TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33172

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10-24-02

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: EUGENIO LARA SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02 305-477-2977

Date

Daytime Phone #

CR2E040 (8/02)