

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JUN -5 PM 3:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000057217

1. Corporation Name

SUNWARD TRADING, INC

2. Principal Office Address

1915 BRICKELL AVE

Suite, Apt. #, etc.

CC-12

City & State

MIAMI, FL

Zip

33129

Country

MIA-DADE

3. Mailing Office Address

P.O. BOX 190705

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

Zip

33119-0705

Country

MIA-DADE

REINSTATEMENT

04-07

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

6/26/1998

5. FEI Number

65-0852289

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

MARIA HAUGLAND

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

1915 BRICKELL AVE.

Suite, Apt. #, Etc.

CC-12

City

MIAMI,

State

FL

Zip Code

33129

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

Maria Haugland

Date

05/27/07

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	MARIA HAUGLAND	1915 BRICKELL AVE # CC-12	MIAMI, FL. 33129

300103892423
05/05/07--01009--006 **1500.00

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 contained in Chapter 119, 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:

Maria Haugland 05/27/07 (305) 607-0937

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/7aw