


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT 22 PM 4:48

DOCUMENT # **P98000086975**

1. Corporation Name

**DAVGAD TRADE, INC.**

Principal Place of Business

Mailing Address

10984 NW 40TH ST.  
SUNRISE FL 33351-8273

10984 NW 40TH ST.  
SUNRISE FL 33351-8273



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

02-28-01 90037 009 \$150.00

4. Date Incorporated or Qualified  
To Do Business in Florida

10/12/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0871220

Applied For

Not Applicable

City & State

City & State

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

Zip

Country

Zip

Country

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
PD	MOSQUERA, DAVID	6700 N.W. 186 ST. APT. 105 10984 NW 40st	MIAMI FL 33015 Sunrise, FL 3351
STD	LONDONO, MIRALBA	6700 N.W. 186 ST. APT. 105 10984 NW 40st	MIAMI FL 33015 Sunrise, FL 33351
D	ELECTRICO, JUANBE	KRA 6 #18-88 CALI	COLOMBIA

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MOSQUERA, DAVID

6700 NW 186TH STREET APT 10  
MIAMI FL 33015

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

Mosquera, David.

10984 NW 40st

Sunrise

FL

33351

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

REGISTERED AGENT MUST SIGN

Date

10/17/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/17/01 954 5780468

CR2E040 (8/01)

Miami October 12, 2001.

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION

REF: DAVGAD TRADE, INC.  
FIN 65-0871220  
UBR 2001

To Whom It May Concern:

With this letter I would like to request from you to please waive the penalty for the Uniform Business report 2001.  
Enclosed please find the reinstalment form filled out and a copy of the check for \$150.00. Apparently the UBR 2001 was sent back for the Registered Agent to sign, but we never received the form so we never sent it back to you.  
We are aware that it is not your responsibility but seeing as the check was cashed it did not occur to us that the form would be sent back.

I hope that you will consider our request and please inform us of any change that has been made due to this misunderstanding.

Thank you for your cooperation.

David Mosquera  
President

