

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -1 PM 3:34

DOCUMENT #

P99000017601

1. Corporation Name

MULTITRADE U S A CORP

2. Principal Office Address

87516 nw 55 Street

Suite, Apt. #, etc.

City & State

Miami Florida

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/24/99

5. FEI Number

65-0898727

☒ Applied For

☐ Not Applicable

CERTIFICATE OF STATUS DESIRED ☒ for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

Milton F. Salas

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

7516 NW 55 Street

Suite, Apt. #, Etc.

City

Miami

State
FL

Zip Code
33166

800004624068-7

-10/05/01-01008-005

****908.75 ****908.75

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

REGISTERED AGENT MUST SIGN

Date 09/28/01

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	Milton F. Salas	7516 NW 55 St	Miami Florida 33166
VS	Yazmin Ortiz	7516 NW 55 St	Miami Florida 33166

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 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

09/28/01

Date

(305) 593 1733

Daytime Phone #

CR2E081 (9/00)