

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

00 DEC 15 PM 1:37

DOCUMENT # P99000028018

1. Corporation Name

OMEGA INTERTRADING INC.

2. Principal Office Address

13720 SW 109 AVE.

3. Mailing Office Address

85 GRAND CANAL DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

305

City & State

MIAMI, FL.

City & State

MIAMI, FL.

Zip

33176

Country

Zip

33144

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3-22-99

5. FEI Number

65-0906014

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

FOTIOS MAUROMATIS

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

13720 SW 109 AVE.

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33176

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-12-00

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
PD	FOTIOS MAUROMATIS	13720 SW 109 AVE.	MIAMI, FL. 33176

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-12-00

Date

(305) 234-7861

Daytime Phone #

CR2001 (9/99)

②

December 12, 2000

Florida Department of State
Division of Corporations

Re: Omega Intertrading, Inc.
85 Grand Canal Dr. #305
Miami, FL. 33144

Document # P99000028018

Dear one concerned,

We are writing you as per our recent phone conversation when we explained that we had not received your annual report form because the mail carrier failed to forward it to our present address.

We appreciate your co-operation in this matter and are including the corresponding check attached.

Thank you,

Omega Intertrading, Inc.