

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JUL 19, PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000070036

**1. Corporation Name**

FLOREX TRADING, INC.  
9737 NW 41st Street # 499  
Doral, Florida 33178

**2. Principal Office Address**

9737 NW 41st Street  
Suite, Apt. #, etc.  
499

**3. Mailing Office Address**

P.O. Box 667633  
Suite, Apt. #, etc.

**City & State**

Doral, Florida

**City & State**

Miami, Florida

**Zip**

33178

**Country**

USA

**Zip**

33166

**Country**

US

**REINSTATEMENT**

600039311896  
07/19/04--01072--006 \*\*750.00

00-04  
WOP

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

8/6/1999

**5. FEI Number**

65-0942131

**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**

Ana M. Mendoza

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

9737 NW 41st Street

**Suite, Apt. #, Etc.**

499

**City**

Doral

**State**

FL

**Zip Code**

33178

**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

*Ana M. Mendoza*

REGISTERED AGENT MUST SIGN

Date 7/15/04

**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	Ana M. Mendoza	9737 NW 41st Street # 499	Doral, Florida 33178

**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:

*Ana M. Mendoza*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/15/04

Daytime Phone #

CR2E081 (01/04)

2072

FLOREX TRADING, INC.

July 15, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

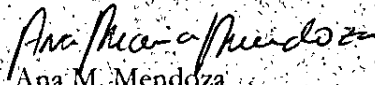
Dear Sir or Madam:

This letter is to respectfully request the re-instatement of Florex Trading, Inc.,  
Document # P99000019597.

Florex Trading, Inc did not receive the UBR for the year 2000, and I am asking you to  
please waive the penalty for not filing the UBR report.

I am enclosing the required fee of \$150.00 per year for the years 2000, 2001, 2002, 2003  
and 2004.

Sincerely,

  
Ana M. Mendoza  
President