

APPLICATION

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT



DOCUMENT # P99000086359

1. Corporation Name

CASAN TRADE, CORP.

Principal Place of Business

Mailing Address

7768 N.W. 72 AVE.
MIAMI FL 331667768 N.W. 72 AVE.
MIAMI FL 33166

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/29/1999

5. FEI Number

651058594

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	SANCHEZ, JUAN CARLOS	7768 N.W. 72 AVE.	MIAMI FL 33166
VPD	OCAMPO, MIGUEL VELEZ	7768 N.W. 72 AVE.	MIAMI FL 33166

8. Name and Address of Current Registered Agent

OCAMPO, MIGUEL VELEZ
7768 N.W. 72 AVE.
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Date

REGISTERED AGENT MUST SIGN

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

10/13/00

Date

Daytime Phone #

KE



FILED

00 DEC 15 AM 11:17

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E040 (8/00)

2

Division of Corporations

P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Divisions Of Corporations, I am attaching a check in the amount of \$150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division Of Corporations in respect with my corporation **CASAN TRADE, CORP.** Thank you for your courtesy in this matter.



Miguel Velez Ocampo
Vice President