

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 OCT 30 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094188

1. Corporation Name

ETNIA TRADING CORPORATION

Principal Place of Business

Mailing Address

5780 S. PLUM BAY PARKWAY  
TAMARAC FL 33321

5780 S. PLUM BAY PARKWAY  
TAMARAC FL 33321



REINSTATEMENT

2000

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

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

650971334

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTD	MADRIGAL, CARLOS A	5780 S. PLUM BAY PARKWAY	TAMARAC FL 33321
VSD	MIELES, SASQUIA	5780 S. PLUM BAY PARKWAY	TAMARAC FL 33321
			400003471334-3 -11/20/00-01151-017 ****750.00 ****750.00
			LS

8. Name and Address of Current Registered Agent

ASNES, RONALD S ESQ.  
433 PLAZA REAL  
SUITE 275  
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name

Ronald S. Arner, Esq.

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

400 S.W. Boca Raton Blvd

Suite, Apt. #, Etc.

suite 202

City

Boca Raton

State

FL

Zip Code

33432

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

*Ronald S. Arner*  
REGISTERED AGENT MUST SIGN

Date

10/16/00

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

305-6083596

Daytime Phone #

CR2ED40 (8/00)