

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 FEB -9 PM 3:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094188

1. Corporation Name

Etnia Trading Corporation

2. Principal Office Address - No P.O. Box #

5780 S. Plum Bay Pkwy

Suite, Apt. #, etc.

3. Mailing Office Address

5780 S. PLUM BAY PKWY

Suite, Apt. #, etc.

City & State

Tamarac, FL

City & State

TAMARAC, FL

Zip

33321

Country

USA

Zip

33321

Country

USA

300168343993  
02/09/10--01025--008 \*\*608.75  
CR2E081 (11/09)

REINSTATEMENT 07-10

4. Date Incorporated or Qualified  
To Do Business in Florida

10/26/1999

5. FEI Number

650971334

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

SASQUIA Micles-Madrigal

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

5780 S. PLUM BAY PKWY

Suite, Apt. #, Etc.

City

Tamarac

State

FL

Zip Code

33321

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Sasquia Micles-Madrigal*  
REGISTERED AGENT MUST SIGN

Date

2/4/10

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	Carlos Madrigal	5780 S. Plum Bay Pkwy	Tamarac, FL 33321
V.P.	Sasquia Micles-Madrigal	5780 S. PLUM BAY PKWY	Tamarac, FL 33321

10. E-mail Address: cmadrigal@etnipro.com

(To be used for future annual report notification)

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. I further certify, 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:

*Sasquia Micles-Madrigal*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/4/10

Daytime Phone #