

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 DEC 31 AM 11:00

DOCUMENT # **S06395**

1. Corporation Name

**FATIMA INTERNATIONAL TRADING CORPORATION**

Principal Place of Business

Mailing Address

11445 SW 128 CT  
MIAMI FL 33186

11445 SW 128 CT  
MIAMI FL 33186



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

09/2/31

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business In Florida

10/17/1990

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0223953

Applied For ?

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
to form 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D.	QUADROS, CARLOS	11445 SW 128 CT	MIAMI FL
D	QUADROS, MARIA	11445 SW 128 CT	MIAMI FL
			200002045282--5 -01/03/97--01132--014 ****375.UU ****375.UU

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

QUADROS, MARIA  
11445 SW 128 CT  
MIAMI FL 33186

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

*Maria Quadros* REGISTERED AGENT MUST SIGN

Date

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No

(See other side for information  
on Intangible tax.)

12. 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)(f), 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:

*Carlos Quadros* REGISTERED AGENT MUST SIGN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/18/1996

Date

Daytime Phone #

3051385-7398