

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S09964

1. Corporation Name

NORTH AMERICAN TRADING, INC.

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

2461 NW 66 AVENUE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

204

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

Zip

33122

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/30/1990

5. FEI Number

650227113

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

ADOLFO MORENO

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

2461 NW 66 AVENUE

Suite, Apt. #, Etc.

SUITE 204

City

MIAMI

State

FL

Zip Code

33122

☒ 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

REGISTERED AGENT MUST SIGN

Date **MAY 2, 2007**

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
PST	ADOLFO MORENO	18634 SW 47 COURT	MIRAMAR/FL/33029

REINSTATEMENT

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 contained in Chapter 119, 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

ADOLFO MORENO, President

05/02/07

Date

786.2850908

Daytime Phone #