

2014 78101

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

DO NOT WRITE IN THIS SPACE

98 SEP 24 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # S 31760

REACH TRADING & INVESTMENT, INC.

2742 BISCAYNE BLVD.
MIAMI, FL 33137

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address

Address

City and State

Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

2/14/91

4. FEI Number

65-0243691

FEI Number Applied For

FEI Number Not Applicable

5. \$8.75 Annual Fee required
for a Certificate of StatusCERTIFICATE OF STATUS DESIRED ☒

6. Names and Street Addresses of Each Officer and/or Director

1. Title	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 and State
D/P	ROBERTO HELCER	2149 N.W. 79 AVE.	MIAMI FL 33122

REINSTATEMENT

B 9/24
96-98

REGISTERED AGENT INFORMATION

8. Name and Address of New Registered Agent and/or Office

Name

7. Name and Address of Current Registered Agent

Street Address (Do NOT Use P.O. Box Number)

Street Address (Do NOT Use P.O. Box Number)

City and State

Zip

ROBERTO HELCER
2149 N.W. 79 AVE.
MIAMI, FL 33122

FL.

9. 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

Roberto Heber

Date

9/14/98

REGISTERED AGENT MUST SIGN

10. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)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., and that all fees owed by the corporation have been paid. 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 of
Officer or Director

Date

9/14/98

Daytime Phone

(305)639-9790

Typed or printed name of signing officer or director