

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 JAN 27 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S 37377

1. Corporation Name

PREMIUM TRADING INC.

2. Principal Office Address

7575 W. Flagler ST.

Suite, Apt. #, etc.

# 204

City & State

MIAMI FL

Zip

Country

33144

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

9800

4. Date Incorporated or Qualified  
To Do Business in Florida

3/13/91

5. FEI Number

65-0265826

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

200003119722--9

Name

Martin Landa

-02/01/00--01133--015

\*\*\*1050.00 \*\*\*1050.00

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

7575 West Flagler St.

900003119728--7

-02/01/00--01133--016

\*\*\*\*\*8.75 \*\*\*8.75

Suite, Apt. #, Etc.

204

City

Miami

State

FL

Zip Code

33144

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

1/24/2000

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	Samuel Chadrycki	21150 Point PL Apt 2703	Aventura FL 33180
D	Doris Chadrycki	Same	Same
D	Alan Chadrycki	Same	Same
D	Flavio Chadrycki	Same	Same
			LS

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 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

Samuel Chadrycki 1/24/2000 (for) 262.2023

Date

Daytime Phone #