

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

96 DEC 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S53776**

1. Corporation Name

INTERNATIONAL TRADE, INC.

Principal Place of Business

Mailing Address

11890 SW 220TH ST.
MIAMI FL 33170

11890 SW 220TH ST.
MIAMI FL 33170

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

2. New Principal Office Address, If Applicable

14421 S.W. 146 PL MIAMI

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

14421 S.W. 146 PLACE

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

05/17/1991

5. FEI Number

65-0260362

Applied For

Not Applicable

City & State

MIAMI

FLORIDA

City & State

MIAMI

FLORIDA

Zip

33186

Country

DADE

Zip

33186

Country

DADE

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee Required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
DPTS	HASAN, TANVEER	11890 SW 220TH ST.	GOULDS FL
			600002032986--2
			-12/18/96--01105--013
			****383.75 ****383.75

REINSTATEMENT

8. Name and Address of Current Registered Agent

HASAN, TANVEER
11890 SW 220TH ST.
MIAMI FL 33170

9. Name and Address of New Registered Agent

Name **TANVEER A. HASAN**
Street Address (P.O. Box Number is Not Acceptable)
14421 S.W. 146 PLACE
Suite, Apt. #, Etc.
City **MIAMI** State **FL** Zip Code **33186**

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

Tanveer A. Hasan

REGISTERED AGENT MUST SIGN

Date **12-12-96**

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)(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

Tanveer A. Hasan **TANVEER A. HASAN**

12-12-96 (305) 234-3132

Date Daytime Phone #