

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Bureau of Corporations
DIVISION OF CORPORATIONS

FILED

99 DEC 13 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S59525**

1. Corporation Name

CRISTIAN TRADING CORPORATION

Principal Place of Business

Mailing Address

8607 NW 66 ST
MIAMI FL 33166
US

7607 NW 66 ST
MIAMI FL 33166
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

8607 N.W 66 ST.
MIAMI FL
33166 Dade.

4. Date Incorporated or Qualified
To Do Business in Florida

08/10/1991

5. FEI Number

59-3072728

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 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	City / State / Zip
VP	MARIN, CHRISTIAN J	8607 NW 66 ST	MIAMI FL 33166

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ALONSO, LUIS
345 OCEAN DRIVE, SUITE 606
MIAMI BEACH FL 33139

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

Luis Alonso
REGISTERED AGENT MUST SIGN

Date 12-09-99

11. I certify that I am an officer or director of 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.

KE

SIGNATURE:

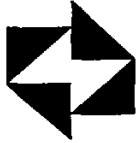
Christian Marin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CRISTIAN MARIN

12-9-99

Date

Daytime Phone #

CR20040 (6/99)



CRISTIAN TRADING CORP.

8607 N.W. 66TH Street • Miami, Florida 33166
Tel. 305 599-1110 • Fax 305 599-1112

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DECEMBER 09/1999

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE. FLA.

SUBJECT: DOCUMENT # S59525 FEI # 59-3072728

THIS LETTER IS TO INFORM YOU, THAT WE DID NOT PAY THE 1999,
ANNUAL REPORT BECAUSE THE ADDRESS IS WRONG, I ATTACHED COPIES
FROM THE ANNUAL REPORT 1998 AND THE ANNUAL REPORT 1999 THAT
PROOF THE ADDRESS IS INCORRECT.

PLEASE CHECK THAT THE MAILING ADDRESS ARE SAME THAT THE PLACE
OF BUSINESS.

PLEASE IF YOU HAVE ANY QUESTION, PLEASE CALL ME AT 305-599-
1110.

THANK YOU, BEST REGARDS,


MAGDA NATERA
GERAL MANAGER