

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V24831

1. Corporation Name

SUANOR TRADING, INC.

FILED

00 NOV 13 PM 6:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5534 NW 72 AVE.  
MIAMI FL 33166

Mailing Address

5534 NW 72 AVE.  
MIAMI FL 33166

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.

SAME

Suite, Apt. #, etc.

SAME

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/30/1992

5. FEI Number

65-0323415

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	NORTES, FUENSANTA	DALVAIAN MANZANA 23 CASA	MENDOZA, ARGENTINA
VSD	SUAREZ, ELBA JOSEFA	DALVAIAN MANZANA 23 CASA	MENDOZA, ARGENTINA

500003493295--9  
-12/11/00--01035--020  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

SAEZ, JOSE  
5534 NW 72 AVE.  
MIAMI FL 33166

9. Name and Address of New Registered Agent

Name

Jose Saez

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

5534 NW 72 Ave.

Suite, Apt. #, Etc.

City

Miami

State  
FL

Zip Code

33166

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

SIGNATURE REQUIRED

Date 11/9/00

REGISTERED AGENT MUST SIGN

11. 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 REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/00 305-887-6417  
Date Daytime Phone #