

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 DEC 29 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V52298**

1. Corporation Name
A - 1 TRADING CORPORATION

| | |
|-------------------------------------|-------------------------------------|
| Principal Place of Business | Mailing Address |
| 2121 PONCE DE LEON BLVD. | 2121 PONCE DE LEON BLVD. |
| SUITE 1000 | SUITE 1000 |
| CORAL GABLES FL 33104 | CORAL GABLES FL 33104 |



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

| | | | | | |
|---|------------------------|---|------------------------|--|--|
| 2. New Principal Office Address, If Applicable 9143 Fontainebleau Blvd. | | 3. New Mailing Office Address, If Applicable 9143 Fontainebleau Blvd. | | 4. Date Incorporated or Qualified To Do Business in Florida 07/16/1992 | |
| Suite, Apt. #, etc. Suite #1 | | Suite, Apt. #, etc. Suite #1 | | 5. FEI Number 65-0351046 | |
| City & State Miami, FL | | City & State Miami, FL | | Applied For Not Applicable | |
| Zip 33172 | Country DADE | Zip 33172 | Country DADE | 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) | 4 City / State / Zip |
| D | CASTELLANOS, OCTAVIO OUT | 2121 PONCE DE LEON BLVD. | CORAL GABLES FL |
| D | ROOS, RUTH M. | 9043 S.W. 112TH CT. | MIAMI FL |
| D | LAFONT, NESTOR | 9143 FOUNTAINBLEAU BLVD. 9143 | MIAMI FL |
| | | | 998882386289 -12/30/97--01080--023 ****758.75 ****758.75 |
| | | | REINSTATEMENT 1997 G. Alan 12/29/97 |

| | | | |
|--|--|---|--|
| 8. Name and Address of Current Registered Agent LAFONT, NESTOR 2121 PONCE DE LEON BLVD. SUITE 1000 CORAL GABLES FL 33104 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9143 Fontainebleau Blvd. Suite, Apt. #, Etc. Suite #1 City Miami, FL 33172 State FL Zip Code | |
|--|--|---|--|

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]* Date: **12/25/97**
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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]* 12-11-97 305-225-0082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)