

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **VU2581**

1. Corporation Name

WESTERN HEMISPHERE TRADING CORP.

Principal Place of Business

Mailing Address

168 S.E. 1st Street
Suite 703
Miami, Florida 33131

168 S.E. 1st Street
Suite 703
Miami, Florida 33131

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 Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97

4. Date Incorporated or Qualified
To Do Business in Florida

September 9, 1992

5. FEI Number

650354599

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	ANDREA C. DIAMOND	168 S.E. 1st Street, Suite 703	Miami, Florida 33131

700002308787--7
-12/10/97--01112--008
****758.75 ****758.75

Handwritten signature and date 12-5-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Gary Nelson, Esq.
801 Brickell Ave.
9th floor
Miami, Florida 33131

Name
Mauro C. Santos, Esq.
Street Address (P.O. Box Number is Not Acceptable)
25 S.E. 2nd Avenue
Suite, Apt. #, Etc.
Suite 1235
City
Miami
State
FL
Zip Code
33131

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

REGISTERED AGENT MUST SIGN

Date 12/04/97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

12/04/97

Date

305375-0747

Daytime Phone #