

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FIL'D

05 JUL 19 PM 1:11

SECRET
FALL 2005

DOCUMENT # **PO2000109653**

1. Corporation Name
Caliafa Trading Corp

2. Principal Office Address
1300 BRICKELL AVE.

3. Mailing Office Address
1300 BRICKELL AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33131

Country
USA

Zip
33131

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
56-2373524

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Milagros Sanchez

Street Address (P.O. Box Number is Not Acceptable)
1300 BRICKELL AVE

Suite, Apt. #, Etc.

City
Miami,

State
FL

Zip Code
33131

30005730853
07/12/05--01003--1004 **105 0.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

7/05/05

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Marcos Monroy	1300 Brickell Ave	Miami, FL 33131
S	Elsa Rosas de Monroy	1300 Brickell Ave	MIAMI, FL 33131

10. 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:

[Handwritten Signature] **ELSA de MONROY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/5/05

Daytime Phone #

CR2E081 (01/05)