

908.00


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 FEB -9 PM 4:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 234407

1. Corporation Name
Trans Euro Bankers Trust Corp.

2. Principal Office Address 8004 NW 154th Street		3. Mailing Office Address 8004 NW 154th Street	
Suite, Apt. #, etc. Suite 228		Suite, Apt. #, etc. Suite 228	
City & State Miami Lakes, Florida		City & State Miami Lakes, Florida	
Zip 33016	Country USA	Zip 33016	Country USA

4. Date Incorporated or Qualified To Do Business in Florida March 18, 1960

5. FEI Number: 59-0896316

Applied For	Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

04-05 JPM 2/10

7. Name and Address of Current Registered Agent

Name
Yishai Haydelstien-Amado

Street Address (P.O. Box Number is Not Acceptable)
8004 NW 154th Street

Suite, Apt. #, Etc.
Suite 228

City
Miami Lakes

State
FL

Zip Code
33016

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: *[Signature]* Date: February 4th, 2005

REGISTERED AGENT MUST SIGN

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/S/D	Yishai Haydelstien-Amado	8004 NW 154th Street	Miami Lakes, FL 33016
VP	John George	2475 Aloma Avenue	Winter Park, FL 32708
T/D	Jeffrey Feldman	1301 SW 10th Avenue	Del Rey, FL 33444
VP	Ricardo Ortiz	8004 NW 154th Street	Miami Lakes, FL 33016

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03-01-05-01053-025 **1800.00

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: *[Signature]* Date: Feb. 4, 05 Daytime Phone #: 305-441-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (07/04)