

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 15 PM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 234407

1. Corporation Name

TRANS EURO BANKERS TRUST CORP.

2. Principal Office Address

6800 SW 40TH STREET

Suite, Apt. #, etc.

SUITE 657

City & State

MIAMI

Zip

33155

Country

MIAMI - DADE

3. Mailing Office Address

6800 SW 40TH STREET

Suite, Apt. #, etc.

SUITE 657

City & State

MIAMI

Zip

MIAMI

Country

MIAMI - DADE

4. Date Incorporated or Qualified

To Do Business in Florida MARCH 16TH, 1960

5. FEI Number

59-0896316

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

YISHAI HAYDELSTIEN-AMADO

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

6800 SW 40TH STREET

Suite, Apt. #, Etc.

SUITE 657

City

MIAMI

State

FL

Zip Code

33155

REINSTATEMENT 0405

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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

REGISTERED AGENT MUST SIGN

Date DECEMBER 12TH, 2005

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	AGUSTINE BARRES-FANJUL	6800 SW 40TH STREET, #657	MIAMI, FL 33155
SVP/S	YISHAI HAYDELSTIEN-AMADO	6800 SW 40TH STREET, #657	MIAMI, FL 33155
T	JESUS AMADO	6800 SW 40TH STREET, #657	MIAMI, FL 33155
VP	JOSEPH ARMANI	6800 SW 40TH STREET, #657	MIAMI, FL 33155
D	YISHAI HAYDELSTIEN-AMADO	6800 SW 40TH STREET, #657	MIAMI, FL 33155

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #