

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

00 DEC 11 PM 3: 56

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



DOCUMENT # J97031

1. Corporation Name
WEAVER TRADING COMPANY

Principal Place of Business	Mailing Address
701-BRICKELL AVE 2000 MIAMI-FL-33131 US	701-BRICKELL AVE 2000 MIAMI-FL-33131 US

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

2. New Principal Office Address, If Applicable 80 SW 8 Street Suite, Apt. #, etc. 3100 City & State Miami, Florida Zip 33130 Country USA	3. New Mailing Office Address, If Applicable 80 SW 8 Street Suite, Apt. #, etc. 3100 City & State Miami, Florida Zip 33130 Country USA	4. Date Incorporated or Qualified To Do Business in Florida 10/07/1987	5. FEI Number 65-0011174 Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input 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	4 City, State, Zip
PD	THELMA ALTAMIRANO	44 W FLAGLER ST 18 FLR.	MIAMI FL
VP	ENRIQUE ALTAMIRANO	44 W FLAGLER ST 18 FLR	MIAMI, FL
<p>REINSTATEMENT 2000 [Signature]</p>			

8. Name and Address of Current Registered Agent BEFELER, GEORGE ESQ. 701-BRICKELL AVE STE-2000 MIAMI-FL-33131	9. Name and Address of New Registered Agent Name George Befeler Street Address (P.O. Box Number is Not Acceptable) 80 SW 8 Street Suite, Apt. #, Etc. #3100 City Miami State FL Zip Code 33130
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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 REQUIRED Date 11-16-00
 REGISTERED AGENT MUST SIGN

11. 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 REQUIRED Date 11-16-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #