

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 SEP 25 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000031320

1. Corporation Name

virgen trading Inc.

2. Principal Office Address

1139 Obispo Ave.

3. Mailing Office Address

1139 Obispo Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

Zip

33134

Country

USA

Zip

33134

Country

USA

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

3/18/03

5. FEI Number

611445802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$0.15 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Adriana Carrillo Caballero

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

1139 Obispo Ave.

Suite, Apt. #, Etc.

210

City

Coral Gables

State

FL

Zip Code

33134

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

Adriana Carrillo Caballero

Date

9/21/06

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	Adriana Caballero	1139 Obispo Ave.	Coral Gables, FL 33134
VP	Francisco Caballero	1139 Obispo Ave.	Coral Gables, FL 33134
			9/25/04
			REINSTATEMENT 05-06
			800080456458
			10/14/05--01029--008 **300.00

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:

Adriana Carrillo Caballero

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/21/06

Daytime Phone #

305-648-0218

FLORIDA DEPT. OF STATE
ANNUAL REPORT DEPT.

VIRGEN TRADING, INC.

AS PER OUR CONVERSATION I'M SENDING 308.75 FOR MY 2005 & 2006
ANNUAL REPORT, SINCE I NEVER RECEIVED THE REPORT. I HAD NOTIFY
YOUR OFFICE OF MY ADDRESS CHANGE AND IT SEEMS THAT IT WAS
NEVER CHANGED. I THANK YOU IN ADVANCE FOR THE WAIVE OF THE
LATE FEE.

THANKING YOU IN ADVANCE,

Acaballero

PRESIDENT