


# 2009 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000031328</b> 1. Entity Name <b>VIRGEN TRADING, INC.</b>	
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FILED  
09 JAN 26 PM 3: 32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>1139 OBISPO AVE CORAL GABLES, FL 33134</b>	Mailing Address <b>1139 OBISPO AVE CORAL GABLES, FL 33134</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number <b>61-1445802</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b> <b>CABALLERO, ADRIANA C 1139 OBISPO AVE CORAL GABLES, FL 33134</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P O Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Adriana Caballero</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>1-23-09</b> <small>DATE</small>

<b>FILE NOW!!! FEE IS \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete <b>CABALLERO, ADRIANA</b> STREET ADDRESS <b>1139 OBISPO AVE</b> CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>
TITLE	VP <input type="checkbox"/> Delete <b>CABALLERO, FRANCISCO</b> STREET ADDRESS <b>1139 OBISPO AVE</b> CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>0809</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700142024707</b> <b>01/26/09--01005--021 **300.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: <i>Adriana Caballero</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <b>1-23-09</b> <small>Daytime Phone #</small>