

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 NOV -6 PM 12:01

Make Check Payable To Department of State

REINSTATEMENT *9600*

1. Name and Mailing Address of Corporation: DOCUMENT # P93000022068

*New*  
ARTEMIS TRADING, INC.  
11530 S.W. 11 STREET  
PEMBROKE PINES FL 330245

2. If Address in Block 1 is incorrect in any way, please restate address below:

Address  
City and State Zip Code

3. If Principle Office Address is different from mailing address, enter address below:

Address  
City and State Zip Code

4. Date Incorporated or Qualified To Do Business In Florida  
03/22/1993

5. FEI Number  
65-0398189

6. FEI Number Applied For  
FEI Number Not Applicable  
CERTIFICATE OF STATUS DESIRED

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DD	COUTTS, DIANA	11530 S.W. 11 STREET	PEMBROKE PINES, FL. 33025
			600002003986--7 -11/14/96--01009-017 ###383.75 ###383.75

REGISTERED AGENT INFORMATION

9. If changed, new registered agent / office

8. Name and Address of Current Registered Agent

Name  
GARCIA, AMADO  
Street Address (Do NOT Use P.O. Box Number)  
9500 S. DADELAND BLVD. STE. 705  
Street Address (Do NOT Use P.O. Box Number)  
City MIAMI State FL Zip 33156

*New*  
GARCIA, AMADO  
9500 S. DADELAND BLVD. SUITE 705  
MIAMI FL 33156

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent *[Signature]* Date 11/1/96  
REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. 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., and that all fees owed by the corporation have been paid. 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 of Officer or Director *Diana Coutts* Date 11/2/96 Daytime Phone # 954-450-5636  
Typed or printed name of signing officer or director DIANA COUTTS