

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 NOV -5 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000094419

1 Corporation Name C.O. TRADING INTERNATIONAL GROUP, INC.

Mailing Address Principal Place of Business
4490 NW 43rd Street 4490 NW 43rd Street
Lauderdale, Florida 33319 Lauderdale, Florida 33319

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable 3. New Principal Office Address, If Applicable
4119 North State Road 7 4119 North State Road 7

Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 9128 Suite 9128
City & State City & State
Fort Lauderdale, Florida Fort Lauderdale, Florida

Zip Country Zip Country
33319 US 33319 US

4. Date Incorporated or Qualified To Do Business in Florida
13 December 1995

5. FEI Number Applied For
65-0624787 Not Applicable

6. CERTIFICATE OF STATUS DESIRED Section 607.0505, F.S. required for all corporations.

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
DPST	Claudio Finco	4119 N. State Road 7, Ste. 9128	Fort Lauderdale, FL 33319
			700001999027--7 -11/07/96--01050--011 ****375.00 ****375.00

REINSTATEMENT 1996
A. Adams
11-5-96

8. Name and Address of Current Registered Agent
The Law Firm of Lawrence J. Spiegel
Chartered doing business as AmeriLawyer
343 Almeria Avenue
Coral Gables, Florida 33134

9. Name and Address of New Registered Agent
Name
AmeriLawyer Chartered
Street Address (P.O. Box Number is Not Acceptable)
343 Almeria Avenue
Suite, Apt. #, Etc.
City
Coral Gables
State
FL
Zip Code
33134

10. I, being appointed 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]* Date 4 November 1996
Claudia Urrera, 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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: *[Signature]* Claudio Finco, President 4 November 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2000 (8/94)