

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FLORIDA DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

OP-00AR

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000027241**

Corporation Name
QUANTA INTERNATIONAL TRADING, INC

Address Principal Place of Business

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

New Mailing Address, If Applicable
5350 NW 114 AVE

Suite, Apt. #, etc.
303

City & State
MIAMI - FL

Country
USA

3. New Principal Office Address, If Applicable
5350 NW 114 AVE

Suite, Apt. #, etc.
303

City & State
MIAMI - FL

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number
65-0736940

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

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
S.D.	GAIA, SEBASTIAO A.	5350 NW 114 AV. #303	MIAMI - FL 33178
T.D.	BARONI, ALEXANDRE	5350 NW 114 AV. #303	MIAMI - FL 33178

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******300.00 ****300.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name
GAIA, SEBASTIAO A.

Street Address (P.O. Box Number is Not Acceptable)
5350 NW 114 AV

Suite, Apt. #, Etc.
303

City
MIAMI

State
FL

Zip Code
33178

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: **Sebastiao Gaia** Date: **07-20-00**
REGISTERED AGENT MUST SIGN

1. 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)

2. 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.)

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: **Sebastiao Gaia** Date: **07-20-00** Daytime Phone #: **305-463-9883**
Signature and Typed or Printed Name of Signing Officer or Director

KE