

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 NOV -2 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000015225

1. Corporation Name

SILVER TRADING, INC.

Principal Place of Business

Mailing Address

C/O ELIZABETH C PINES-CONTE
3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134-7273

C/O ELIZABETH C PINES-CONTE
3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134-7273



REINSTATEMENT

2001

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

1101 Brickell Avenue
Suite 702

1101 Brickell Avenue
Suite 702

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33131

Zip Country
33131

4. Date Incorporated or Qualified To Do Business in Florida

02/17/1999

5. FEI Number

65-0999134

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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	4 City / State / Zip
PSD	JUAN AREVALO	1101 Brickell Ave. Ste 702 Miami, FL 33131	700004689997-4 -11/07/01--01005--003 ****200.00 ****200.00
DVPT	MARIA LUISA DE AREVALO	1101 Brickell Ave. Ste 702 Miami, FL 33131	LS

6/4/01 90008/026 \$350.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PINES-CONTE, ELIZABETH C ESQ
3301 PONCE DE LEON BLVD., SUITE 200
CORAL GABLES FL 33134

Name
Transglobal-Corporate Administration Inc.
Street Address (P.O. Box Number is Not Acceptable)
520 Brickell Key Drive
Suite, Apt. #, Etc.
Suite 0-305
City
Miami
State
FL
Zip Code
33131

10. 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/01/01

11. 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:

[Signature]

11/01/01

305-374-3800