

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

**Katherine Harris**  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P99000024144**  
1. Corporation Name  
**VINTRADE, INC.**  
**9032 NW 12 STREET**  
**MIAMI, FLORIDA 33172**

2. Principal Office Address  
**9032 NW 12 STREET**

3. Mailing Office Address  
**9032 NW 12 STREET**

Suite, Apt. #, etc.

City & State  
**MIAMI, FLORIDA**

City & State  
**MIAMI, FL**

Zip Country  
**33172 USA**

Zip Country  
**33172 USA**

4. Date Incorporated or Qualified To Do Business in Florida **03/16/99**

5. FEI Number **65-0952240** Applied For  Not Applicable

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

**FILED**  
**02 MAY 23 PM 4:10**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**7. Name and Address of Current Registered Agent**

Name **MARIA EUGENIA GARCES** **351.25-AR**

Street Address (P.O. Box Number is Not Acceptable)  
**9032 NW 12 ST** **10.00-ARACT**

Suite, Apt. #, Etc. **88.75-ARSUPP**

City **MIAMI** State **FL** Zip Code **33172**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent *[Signature]* Date **05/21/02**  
REGISTERED AGENT MUST SIGN

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	FAINBICH, PABLO	TUCUMAN 2410	BUENOS AIRES ARGENTINA
VP	TOLSTANON, DANIEL	TUCUMAN 2410	BUENOS AIRES ARGENTINA
D	GARCES, GASPAR	9032 NW 12 STREET	MIAMI, FL 33172
			100005763451-0
			06/12/02 01065-003
			****450.00 ****414.00

10. 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 807.0401 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]* Director **GASPAR GARCES** Date **05/21/02** Daytime Phone # **(305) 471-8488**

CR25081 (8/00)

YINTRADE, INC.  
9032 NW 12 STREET  
MIAMI, FLORIDA 33172  
PHONE: (305) 471-8488  
FAX: (305) 715-9439

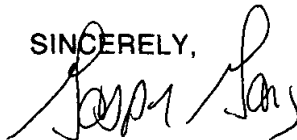
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MAY 21, 2002

DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

ENCLOSED IS REINSTATEMENT FORM FOR YINTRADE INC. DOCUMENT  
NUMBER P99000024144. ALSO, ENCLOSED IS CHECK FOR 450.00 TO  
REINSTATE THIS CORPORATION. WE ASK THAT YOU PLEASE WAIVE  
THE REINSTATEMENT PENALTY AND ACCEPT OUR PAYMENT OF 450.00  
TO REINSTATE THIS CORPORATION. WE NEVER RECEIVED THE RENEWAL  
FORM FOR THE YEAR 2000. THANK YOU VERY MUCH FOR YOUR  
COOPERATION IN THIS MATTER BECAUSE WE NEVER RECEIVED THE  
ORIGINAL RENEWAL FORMS FOR YEAR 2000.

SINCERELY,

  
GASPAR GARCES  
DIRECTOR