

APPLICATION FOR REINSTATEMENT FORM 1-1998

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

APPROVED AND FILED

1998 JAN 27 PM 12: 50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: Department of State

1. Name and Mailing Address of Corporation: DOCUMENT # S19469

QUALITAS TRADING U.S.A. CORP
3399 NW 72 AVE STE 114
MIAMI, FL 33122

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box

2. If Address in Block 1 is incorrect in any way, enter the correct address below. The NAME of the corporation can be changed only by filing an amendment.

Address: 3399 NW 72 AVE S. 114
Address:
City and State: MIAMI, FL 33122
Zip Code: 33122

3. Date Incorporated or Qualified To Do Business in Florida: 12/19/90

4. FEI Number: 65-0239868

FEI Number Applied For
 FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Names of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
P/O	RIVERA, XAVIER J.	5753 NW 98 AVE	MIAMI, FL 33178
D	CASTILLO, ANA DE RIVERA	5753 NW 98 AVE	MIAMI, FL 33178
D	RIVERA, XAVIER A.	5753 NW 98 AVE	MIAMI, FL 33178

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REINSTATEMENT

This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No
For intangible tax information call Department of Revenue 804-488-6800.

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: XAVIER J. RIVERA
Street Address (Do NOT Use P.O. Box Number): 3399 N.W. 72 AVE S. 114
Street Address (Do NOT Use P.O. Box Number):
City and State: MIAMI, FL Zip Code: 33122

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605, F.S.

Signature of Registered Agent: _____ Date: 1/15/98
REGISTERED AGENT MUST SIGN

9. 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: _____ Date: 1/15/98 Phone #: (305) 597-9445
Typed or printed name of signing officer or director: XAVIER J RIVERA, President

10. Should you desire a certificate of status check the box.