

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

99 JAN -4 AM 11:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **V10015**

1. Corporation Name

AMERICAN TRADING 2000, INC.

Principal Place of Business

Mailing Address

5555 COLLINS AVE
 16-S
 MIAMI BEACH FL 33139
 US

7730 S.W. 68 TERRACE
 MIAMI FL 33143



REINSTATEMENT 98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/27/1992	
City & State		City & State		5. FEI Number	
Zip		Country		65-0311192	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	MARCELO, RECANATE	5555 COLLINS AVE #16-S	MIAMI BEACH FL

300002737089 - 0
 -01/11/99 - 01133-007
 ***758.08 ***758.08

12/15

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
BALLESTAS, ACHILLES 7730 SW 68TH TERRACE MIAMI FL 33143		Name BALLESTAS & ASSOCIATES INC Street Address (P.O. Box Number is Not Acceptable) 7730 SW 68 TR Suite, Apt. #, Etc. City MIAMI State FL Zip Code 33143	

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]* **ACHILLES BALLESTAS, PRESIDENT** Date: **12/29/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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)(f), 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]* **MARCELO RECANATE, PRES.** Date: **12/29/98**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2ED40 (9/98)