2007 FOR PROFIT CORPORATION REINSTATEMENT

KEINƏTATEMENT								
DOCUMENT # 234407 1. Entity Name						Fit m	-	
	URO BANKERS TRUST, C	ORP.	3			FILE	_	
						07 OCT -8 A		
Principal Place of Business 18001 OLD CUTLER ROAD		Mailing Address 18001 OLD CUTLER ROAD			TALLAHASSEE, FLORIDA			
533		533 PALMETTO BAY, FL 33157 US				INLUADASSEE,	FLORIDA	
PALMETTO BAY, FL 33157 US 2. Principal Place of Business - No P.O. Box #								
		3. Mailing Address			***************************************			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1002PEINENATEN CANTO98 (1/607			
City & State		City & State		4. FEI Numb 59-089) — - - - - - - - - - 	plied For Applicable	
Zip	Country	Zip	Country		5. Certificate	of Status Desired	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent					7. Name and	Address of New Registere	d Agent	
HAYDELSTIEN, YISHAI				Name				
	CUTLER ROAD	Street Address		(P.O. Box Number is Not Acceptable)				
PALMETTO BAY, FL 33157					 -			
				ity —	FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE MOUNTS								
Figratiful of the Septimization of the Medical agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00						In accordance with s. 6 corporation did not reco	07.193(2)(b), eive the prior r	F.S., the notice.
10.	OFFICERS AND I	RECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME	P BARRES-FANJUL, AGUSTINE	☐ Delete	TITLE		<u></u> .		Change	Addition
STREET ADDRESS	18001 OLD CUTLER ROAD		name. Street ad	DRESS	5! 10209	00110497 3/0701050014	∡≅5 - **!50.0	าก
CITY-ST-ZIP	PALMETTO BAY, FL 33157	· · - · · · · · · · · · · · · · · · · ·	CITY-SI-Z	ZIP				
TITLE NAME	SVSD HAYDELSTIEN, YISHAI	☐ Delete	TITLE NAME		L	4	☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	18001 OLD CUTLER ROAD PALMETTO BAY, FL 33157		STREET AD	//	13 101	q		
TITLE	T	☐ Delete	TITLE	**)	ι	☐ Change	Addition
NAME STREET ADDRESS	AMADO, JESUS 18001 OLD CUTLER ROAD		NAME STREET AD	HJBE C C				
CITY-ST-ZIP	PALMETTO BAY, FL 33157		CITY-SI-2	i				
TITLE NAME	V LOPEZ, JOSE	☐ Delete	TITLE Name				☐ Change	Addition
STREET ADDRESS	18001 OLD CUTLER ROAD		STREET AD					
CITY-ST-ZIP	PALMETTO BAY, FL 33157	Delete	CITY-ST-Z	ZIP			☐ Change	Addition
NAME	er.		NAME				J + ,-	
STREET ADORESS CITY-ST-ZIP	,		STREET AD CITY-ST-2					
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	,		NAME STREET AD	DRESS				
CITY-SI-ZIP			CHY-SI-	ZIP				
12. I hereby a	certify that the information supplied with	this filing does not qualify for	r the exempt	tions contained	Lin Chanter 119	Florida Statutes, I further of	ertify that the in	oformation

2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305 971-610)