

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUN 26 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FILING CANCELLED
RETURNED CHECK**

DOCUMENT # 234407

1. Corporation Name

TRANS-EURO BANKERS TRUST, CORP.

2. Principal Office Address - No P.O. Box #

16675 OLD CUTLER ROAD

3. Mailing Office Address

16675 OLD CUTLER ROAD

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

PALMETTO BAY, FL

City & State

PALMETTO BAY, FL

Zip

33157

Country

USA

Zip

33157

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida **03/16/1960**

5. FEI Number

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HAYDELSTEN, YISHAI

Street Address (P.O. Box Number is Not Acceptable)

50 SOUTH WEST 34TH AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33135

200236819742
06/26/12--01013--005 **1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Date **06/20/2012**

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
P	BARRES-FANJUL, AGUSTINE	16675 OLD CUTLER RD	MIAMI, FL 33157
SVP/S/D	AMADO, YISHAI H	16675 OLD CUTLER RD	MIAMI, FL 33157
T	VERGARA, LUISA G	16675 OLD CUTLER RD	MIAMI, FL 33157
AT	LOPEZ, JOSE	16675 OLD CUTLER RD	MIAMI, FL 33157
REINSTATEMENT			
			JUN 26 2012

10. E-mail Address: **YHA@TRANSEUROBANK.COM**

R. HUNT

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify that the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/20/2012 3054542010

Date

Daytime Phone #