

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 JAN 14 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 234407

1. Corporation Name

TRANS-EURO BANKERS TRUST, CORP.

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

18001 OLD CUTLER ROAD

Suite, Apt. #, etc.

City & State

PALMETTO BAY FL

Zip

33157

Country

USA

3. Mailing Office Address

18001 OLD CUTLER ROAD

Suite, Apt. #, etc.

City & State

PALMETTO BAY FL

Zip

33157

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida  
03/16/1960

5. FEI Number

x

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

JOSE LOPEZ

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

901 BRICKELL AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

900243614969  
01/14/13--01007--013 \*\*1350.00

REINSTATEMENT

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

*Jose Lopez*  
REGISTERED AGENT MUST SIGN

Date 12/26/2012

JAN 14 2013

R. HUNT

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	14 NE First Ave	Miami, Florida 33132
SVP/S/D	HAYDELSTEIN, YISHAI	14 NE First Ave	Miami, Florida 33132
VP	VERGARA, LUISA	14 NE First Ave	Miami, Florida 33132
T	PRAZUELA, WILLIAM	14 NE First Ave	Miami, Florida 33132
AS	PEREZ, ERNESTO	14 NE First Ave	Miami, Florida 33132
AT	LOPEZ, JOSE	14 NE First Ave	Miami, Florida 33132

10. E-mail Address:

(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, 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:

*Jose Lopez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/26/2012

305-4542010

Date

Daytime Phone #