
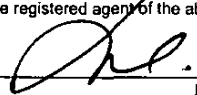
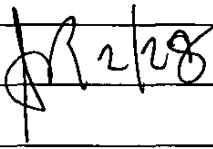
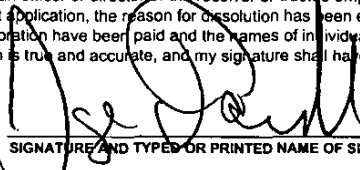


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; align-items: center; justify-content: center;"><div style="text-align: center;"><b>CORPORATION REINSTATEMENT</b></div><div style="text-align: center;"></div><div style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS</div></div>		<div>FILED</div> <div>06 FEB 24 PM 1:45</div> <div>FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA</div> <div style="margin-top: 20px;"><b>800067965468</b> 03/16/06--01011--011 **1200.00</div> <div style="margin-top: 20px; font-size: 1.2em;">03:06</div> <div style="margin-top: 10px;">CR2E081 (12/05)</div>	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">495315</span>			
<b>1. Corporation Name</b>  Ford International Consultants and Trading, Inc.			
<b>2. Principal Office Address</b> 5775 Blue Lagoon Drive	<b>3. Mailing Office Address</b> 5775 Blue Lagoon Drive		
Suite, Apt. #, etc. 135	Suite, Apt. #, etc. 135		
City & State Miami	City & State Miami		
Zip Florida	Country USA	<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 04/21/1976	
Zip Florida	Country USA	<b>5. FEI Number</b> 591727886	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
<b>7. Name and Address of Current Registered Agent</b>			
Name Jeannette Mirabal, Esq.			
Street Address (P.O. Box Number is Not Acceptable) 5775 Blue Lagoon Drive			
Suite, Apt. #, Etc. 135			
City Miami		State FL	
		Zip Code 33126	
<b>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.</b>			
Signature of Registered Agent 		Date <u>01/13/2006</u>	
REGISTERED AGENT MUST SIGN			
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jorge Ford	14250 SW 62 Street	Miami FL 33183-1944
VP	Raul Ford	14250 SW 62 Street	Miami FL 33183-1944
			
<b>10. 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 contained in Chapter 119, 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.</b>			
<b>SIGNATURE:</b> 		Date <u>2-22-06</u>	Daytime Phone # <u>3052677009</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			