

2005 FOR PROFIT CORPORATION REINSTATEMENT

PJ 182

DOCUMENT # F02000005905 1. Entity Name UST CORP.			
Principal Place of Business 19495 BISCAYNE BLVD STE. 300A AVENTURA, FL 33180		Mailing Address 19495 BISCAYNE BLVD STE. 300A AVENTURA, FL 33180	
2. Principal Place of Business 1066 Third Avenue 8th Floor City & State: New York NY Zip: 10017 Country: USA		3. Mailing Address 1066 Third Avenue 8th Floor City & State: New York NY Zip: 10017 Country: USA	
4. FEI Number 22-3324933		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		08152005 REIN-P CR2E098 (6/04)	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PD NAME: SETO, PARKER J STREET ADDRESS: 1270 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK, NY 10020	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: MOTSCHWILLER, DONALD STREET ADDRESS: 1270 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK, NY 10020	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: COOD NAME: MOTSCHWILLER, DONALD STREET ADDRESS: 1270 AVENUE OF THE AMERICAS CITY-ST-ZIP: NEW YORK, NY 10020	<input checked="" type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
Date: _____		Daytime Phone #: _____	

FILED

05 AUG 19 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AUG 22 2005



FILED
05 AUG 19 PM 12:09
TALLAHASSEE, FLORIDA

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05 AUG 19 PM 12:09
TALLAHASSEE, FLORIDA

25292

U.S. Trading Corp.
666 Third Avenue
8th Floor
New York, NY 10017
Tel: 212-905-5145

August 16, 2005

VIA OVERNIGHT MAIL

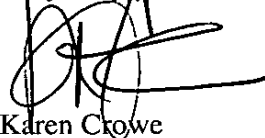
Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

RE: U.S. Trading Corp. Reinstatement

To Whom It May Concern:

Enclosed please find the paperwork for reinstatement of our corporation. Please be advised that our firm did not receive notification of and/or the annual report itself at either the address on file, nor its principal place of business. Should you have any questions, please feel free to contact me directly at (212) 905-5745.

Very truly yours,



Karen Crowe

Enclosure