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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 APR 15 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 997491

REINSTATEMENT 98-04

1. Corporation Name

HER SOL TRADING CORPORATION
11750 SW 18 ST
MIAMI FL 33175

2. Principal Office Address	3. Mailing Office Address
3292 NW 38 ST	3292 NW 38 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33142 Country: USA	Zip: 33142 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 59-2386357 ☐ 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: ORESTE DELANOVAL

Street Address (P.O. Box Number Is Not Acceptable): 17542 NW 12 ST

Suite, Apt. #, Etc.:

City: PEMBROKE PINES State: FL Zip Code: 33029

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: x O Delanoval Date: 04/07/2004

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	ORESTE DELANOVAL	17542 NW 12 ST	PEMBROKE PINES, FL 33029

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 under section 119.07(3)(i), 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.

SIGNATURE: x O Delanoval 04/07/2004 (305)225-0594

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

HER SOL TRADING CORPORATION

Certificate of Status	0
Certified Copy	0
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Estimated Charge	$1,650.00

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