	DI EASE DEAD	ALL INST	BUÇTIÇNE	BEEORE C	OMPLETI	NG THIS FORM.	
	PLICATION FOR USTATEMENT	FLORIDA	DEPARTMEN Sandra B. Mort Secretary of S VISION OF CORPOR	IT OF STATE	15 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FILED	
DOCUMENT # K24257						96 DEC 23 PH 3: 17	
I & S TRADING INTERNATIONAL, INC.						SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business  Mailing Address SAME  5160 NW 26th Circle  BOCA RATON, FLORIDA 33496  USA				percenting below	REINSTATEMENT 89-910		
	addresses are incorrect in any way, line trincipal Office Address, if Applicable	ough incorrect information and enter correction below.  3. New Mailing Address, If Applicable			CO NOT WRITE IN THIS SPACE  4. Date Incorporated or Qualified To Do Business in Florida		
Suite, Apt.	, w, etc	Suite, Apt. #, etc.			5. FEI Number Scp £ 26, 1988 Applied For		
City & State		City & State			65-0	Not Applicable	
Zip	Zip Country		Zip Country		CERTIFICATE OF STATUS DESIRED TO A CONTINUE OF STATUS		
7 Names	and Street Addresses of Each Officer an	d'or Director (Flori		tions must list at lea			
Title(s)	Name of Officers and/or Directors		Officer and/or Directo 3 (Do NOT Use Post Office Box			City / State / Zip 4	
YD	Solving Cites Beice		5160 NW BOCA RATE	26th Circle BOCH RATON/FL/33496		BOCH RATON/FL/33496	
P/D						BOCH RATON/FL/33496	
					6	000020389361 -12/27/9601036005 ***1367.50 ***1367.50	
	B. Name and Address of Currer	at Registered Age	ot		9. Name and A	JB D-23-96 Address of New Registered Agent	
Nam Stree Suite					Name  IRVING GINSBERG  Street Address (P.O. Box Number is Not Acceptable)  5160 NW 26th Circle  Suite, Apt. #, Etc.		
10   being appointed he recistored agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent   Date / 2 //7 / 94  AEGISTERED AGENT MUST SIGN  11. Does this corporation pay any intangible tax to the							
Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)  12 I do hereby certily that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or threate empowered to execute this application as provided for in chapter 607 or 617, F.S. I furnity certify that when filing ins reinstatement application the report folydissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all tees owed by the corporation have been pair. 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:

SIGNATURE TO HOLD OF MINISTED NAME OF SIGNING OFFICER OR DIRECTOR