PLEASE READ ALL.INSTRUCTIONS BEFORE COMPLETING THIS FORM.	
APPLICATION FLOR!DA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	• FILED
DOCUMENT # L13873 (9)	99 NOV 10 ATT 9: 47
1 Corporation Name	SEC. A STATE TALLAR TRACT OF CAIDA
R.A. International. Trading Company	
300 Sevilla, Suite 301	
COTAL GABIES, FL 33134 If above addresses are incorrect in any way, line through incorrect information and enter correction below.	REINSTATEMENT 93-99
2 New Principal Office Address, If Applicable 3.1 New Mailing Office Address, If Applicable 5.11 A I Nambra Circle Suite Apr. #, etc.	Date Incorporated or Qualified To Do Business in Florida     915/1989
City & State Cables, A. City & State	5. FEI Number Applied For Not Applicable
33134 Country USA Zip Country	6. CERTIFICATE OF STATUS DESIRED States Stat
7 Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at leas  Title(s)  Name of Officers and/or Directors  Street Address of Each Officer and/or Directors  Officer and/or Director	City / State / Zip
3 (Do NOT Use Post Office Box N	Circle Coral Gables FC 33134
O Rivera, Luis Alvarez 3511 Alhambra	Circle Coral Gables, FL 33134
	100030521115 -11/22/9901146022 ***1650.00 ***1650.00
€. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
Castro, Carlos Alberto Street Address (B.	ta, Luis Alvarez
1200 Brickell Avenue, Suite 1440 3511 A. Suite, Apt. #. Etc.	Himmora Circle
Miami, R 33/21 Circoral	Gables FL 33134
10. It, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  Signature of Registered Agent Date	
11. This corporation owes the eurrent year Intangible Personal Property Tax due June 30. Yes	(See other side for information on intangible tax.)
12. 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 filling 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:  SIGNATURE AND THEEDOR FRIESD MARKE OF SIGNING OFFICER OR DIRECTOR  Date  Daytime Phone #	