


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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**Oct 21, 2002 8:00 A.M.**  
**Secretary of State**

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** L28998  
1. Corporation Name  
**ALVACO TRADING COMPANY**

2. Principal Office Address <b>5360 NW 35 AVENUE</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>5360 NW 35 AVENUE</b> Suite, Apt. #, etc.	
City & State <b>FT. LAUDERDALE</b>		City & State <b>FT. LAUDERDALE</b>	
Zip <b>33309</b>	Country <b>USA</b>	Zip <b>33309</b>	Country <b>USA</b>

4. Date Incorporated or Qualified To Do Business in Florida **11/13/1989**

5. FEI Number **65-0173375** 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  
**VICTOR M. ALVAREZ**

Street Address (P.O. Box Number is Not Acceptable)  
**200 S. BISCAYNE BLVD.**

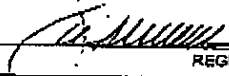
Suite, Apt. #, Etc.  
**SUITE 4900**

City  
**MIAMI**

State  
**FL**

Zip Code  
**33131**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0803, F.S.

Signature of Registered Agent  Date **10-22-02**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P/S P	<b>ALVAREZ, ANGEL I.</b>	<b>5360 NW 35 AVENUE</b>	<b>FT. LAUDERDALE, FL 33309</b>

**REINSTATEMENT**

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: **Angel I. Alvarez** **ANGEL I. ALVAREZ, PRESIDENT** Date **954-733-2300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

Florida Department of State  
Division of Corporations  
Public Access System

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CORPORATION REINSTATEMENT

ALVACO TRADING COMPANY

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$758.75

1502202 - 6001  
ATTN: M WAGONGER