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Fax Audit No. H03000295319

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L28998					
1. Corporation Name ALVACO TRADING COMPANY					
2. Principal Office Address 5360 N.W. 35TH AVENUE			3. Mailing Office Address 5360 N.W. 35TH AVENUE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State FT. LAUDERDALE, FL			City & State FT. LAUDERDALE, FL		
Zip 33309	Country US	Zip 33309	Country US	4. Date Incorporated or Qualified To Do Business in Florida 11-13-1989	
				5. FEI Number 65-0173375	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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): WHITE & CASE LLP, 200 S. BISCAYNE BOULEVARD

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 617.0503, F.S.

Signature of Registered Agent:  REGISTERED AGENT MUST SIGN


Date: 10/10/03

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
DPST	ALVAREZ, ANGEL I.	5360 NW 35 TH AVENUE	FT. LAUDERDALE, FL 33309

REINSTATEMENT 3 TS

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)(b), 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:  PRESIDENT

Signature and Typed or Printed Name of Signing Officer or Director

Date: 10/10/03

Daytime Phone #: 954-733-2300

Division of Corporations

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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 : WHITE & CASE
Account Number : 075410002143
Phone : (305)371-2700
Fax Number : (305)358-5744

CORPORATION REINSTATEMENT

ALVACO TRADING COMPANY

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

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Attention M Wagoner