PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

DOCUMEN'	1	#
----------	---	---

L72088

1. Corporation Name

SOUTHERN TRADING ENTERPRISES, INC.

Principal Place of Business

123 S.E. 3rd Avenue

Suite 397

Miami, Florida 33131

Mailing Address

123 S.E. 3rd Avenue

Suite 397

Miami, Florida 33131

FILED

02 APR 29 PM 2: 22

SECRETARY OF STATE TALLAHASSEE. FLORIDA

	REINSTATEMENT	99-02
•		

		incorrect in any way, line the									
2. New Pri	incipal Office /	Address, If Applicable	3. New Maili 2 S. B:	iscayne				porated or Qualified iness in Florida		11 1000	
Suite, Apt. #, etc. Suite, Apt. # Suite		. etc. 3400			May 11, 1990 5. FEI Number - Applied For						
City & State City & State						65-0198442 Not Applicable					
Zip		Country	Miami,		da Country		6. CERTIFICAT	E OF STATUS DESIRED [\$8.7	5 Additional Fee require	
7 Names	and Street Ad	dresses of Each Officer and		131	it normore)	USA		Martin de la companya		or a certificate of Status	
7. Names	and Sileer Au	Name of Officers	Director (Flo	Tiua nonproi		et Address of Eac		1			
Title(s)	2	and/or Directors				cer and/or Directo	ector		City / State / Zip		
D/P ·	Hurtad	do, Judith		123 S.	E. 3r	d Avenue,	Ste 397	Miami, F	lorio	da 33131	
DVST Pacheco, Jose		123 S.	E. 3r	d Avenue,	Ste 397 Miami, Florida 33131			da 33131			
						7 3					
							50	000549 -05/09/02	932	2466 008016	
								***1050.	00	***1050.00	
									.,		
		e and Address of Current				ls.	Name and Address of New Registered Agent				
Vald	les-Faul	i_Corporate_Se	cvices,_I	nc.		Name	.			~	
		me Blvd., Suite ida 33131	≥ 3400			Name Street Address (P.O. Box Number is Not Acceptable)					
radic, riorida 55151				}	Suite, Apt. #, Etc.						
•	•					City			State	Zip Code	
Signatura	appointed the VALC gent <u>By</u>	e registered ageny of the abo PES_FAULI CORPO RE	ve named corpo RATE SERV	ICES,	INC. Marl	and accept the c	ū		22,	2001	
		ration owes the Personal Proper			30.	Yes	□ No □	(See of		e for information gible tax.)	
this rein	statement app	officer or director or the receiptication, the reason for disso	lution has been	eliminated, t	he corpora	ate name satisfies	the requirements	of section 607.0401 or	617.040	01, F.S., that all fees	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose Pacheco