

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 23 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M17922

1. Corporation Name

A ROMERO TRADING CORPORATION

600017112786
04/28/03--01005--012 **158.75

REINSTATEMENT 02-03

2. Principal Office Address

12555 Biscayne Blvd.

Suite, Apt. #, etc.

909

City & State

MIAMI FLA

Zip

33181

Country

3. Mailing Office Address

12555 Biscayne Blvd.

Suite, Apt. #, etc.

909

City & State

MIAMI FLA

Zip

33181

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/11/85

5. FEI Number

59-2549218

Applied For

Net-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

SUSZ PAUL ATTORNEY

Street Address (P.O. Box Number is Not Acceptable)

730 NW 107th AVENUE

Suite, Apt. #, Etc.

212

City

MIAMI

State

FL

Zip Code

33192

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

April 17, 2003

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
PD	Uribe Miguel J.	AVE 3 # 8N24 of 614	CAli - Colombia
S	ROMERO de Uribe Alicia	AVE 3 # 8N24 of 614	CAli Colombia
D	Uribe Miguel	AVE 3 # 8N24 of 614	CAli Colombia

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
PRESIDENT

April 21/2003

(Date)

Daytime Phone #

9545366760

CR2E081 (10/02)