PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M180

1. Corporation Name

AVTRADE CORP.

Principal Pla	ace of	Business
---------------	--------	----------

Mailing Address

9552 N.W. 38TH STREET MIAMI FL 33178

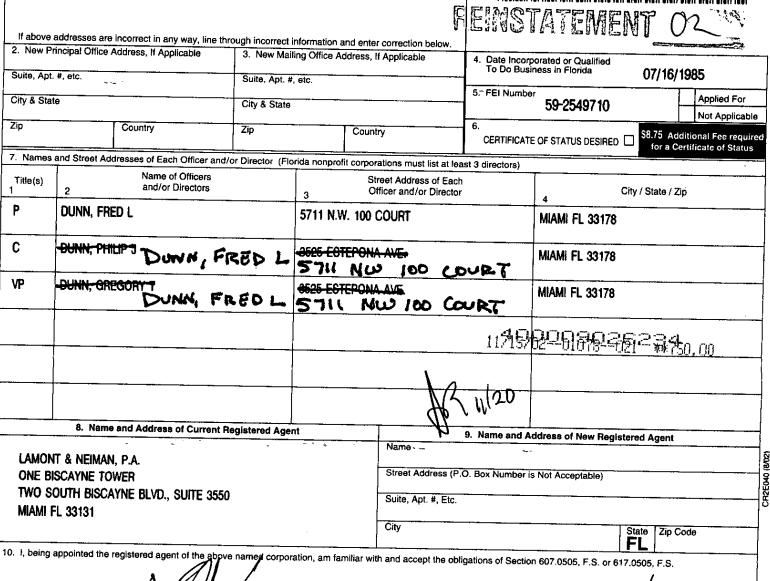
9552 N.W. 38TH STREET

MIAMI FL 33178

FILED

02 NOV 15 PM 4:31

SECKETARY OF STATE TALLAHASSEE, FLORIDA



11. I certify that I am an officer or tirector 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REGISTERED AGENT MUST SIGN

1/13/02

(305)592-7060

Daytime Phone