PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

		FLEASE NEAD	ALL BYST	KUCI	ION	S_BEFURE	COMPLET	ING I DIS FORM	/ì.	
	CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS									
DOCUMENT # N95000001241							09 FEB 20 PM 2: 03			
1. Corporation Name							A LANASSEE, FLORIDA			
METRO-DADE CHAMBER OF COMMERCE INC.							William Solery Edition			
						Y.N	80	00144078	3628	
2. Principal Office Address - No P.O. Box # 3. Mailing C					ffice Address			800144078628 02/20/0901014013 ***901.25 95-09 WW		
				32nd CT. RD			REINSTRUMENT			
Suite, Apt. #, etc. Suite, Apt. #				, etc.			4. Date Incorporated or Qualified To Do Business in Florida MARCH 15, 1995			
City & State City & State MIAMI							5. FEI Number Applied For			
Zip Country			MIAM)		Country		<u> </u>	Not Applicat		
33135	1 1		33035		5	1 16.		OF STATUS DESIRED 🗹	8.75 Additional Fee requir for a Certificate of Status	
7. Name and Address of Current Registered Agent							The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement			
Name TRANS EURO BANKERS TRUST										
Street Address (P.O. Box Number is Not Acceptable) 126 SW 32nd CT. RD.										
Suite, Apt. #, Etc.										
City MIAMI					State 33135 fee be waived.					
8. I, being	appointed the	e registered agent of the al	pove named corpo	oration, am	familiar	with and accept the	obligations of secti	on 60 7 .0505 or 617.0503, F	s.s.	
Signature of Registered Agent Jose Zopsen Date 2/18/09								>		
			·	ENTMUS		<u></u>				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Street Address of Each										
Titles	Officers and/or Directors			Street Address of Each Officer and/or Director			or	City / s	State / Zip	
P	BARRES-FANJUL, AGUSTINE			126 SW 32nd CT. RD.				MIAMI, FL 33135		
SRVP	AMADO, Y H			126 SW 32nd CT. RD.				MIAMI, FL 33135		
VP	PRAZUELA, WILLIAM			126 SW 32nd CT. RD.			<u>-</u>	MIAMI, FL 33135		
VP	GADDERIE. KATHY			126 SW 32nd CT. RD.				MIAMI, FL 33135		
Τ	ROMERO, JOHN				126 SW 32nd CT. RD.			MIAMI, FL 33135		
	}			}						

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 filling 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 contained in Chapter 119, 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 eath.

305-441-1999

Daytime Phone #

02/18/2009

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE: