PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 18 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/26/03--01029--031 **750.00

DOCUMENT # P000000 30194

1. Corporation Name
Comet Trading Corporation

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
9655 South Dixie	11000 SW 32ST
Suite, Apt. #, etc. 104	Suite, Apt. #, etc.
City & State Miami FL	City & State Miami FL
Zip 33156 Country Dade	Zip 33165 Country Dade

4. Date Incorporated or Qualified To Do Business in Florida: March 10 00

5. FEI Number: 650999004 ☐ Applied For ☐ Not 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: Ayman Washaly

Street Address (P.O. Box Number is Not Acceptable): 11000 SW 32 ST.

Suite, Apt. #, Etc.:

City: Miami | State: FL | Zip Code: 33165.

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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
P	Ayman Washaly	11000 SW 32 ST	Miami FL 33165.
VP	EL Nadhy Hassan	4950 Collins Ave 33140 Miami Beach	Miami Beach 33140.

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: _____ 11/17/03 305 754 3061

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #