

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED

2009 OCT 16 A 9:59

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P0000039201

1. Corporation Name

FOREX INTERNATIONAL TRADING GROUP INC

1945 South Ocean Drive

2. Principal Office Address - No P.O. Box #

1701

Suite, Apt. #, etc.

Hallandale Beach

Florida

Zip

33009

Country

Broward

3. Mailing Office Address

1945 So. Ocean Drive

Suite, Apt. #, etc.

1701

City & State

Hallandale Beach Florida

Zip

33009

Country

Broward

4. Date Incorporated or Qualified To Do Business in Florida

04/19/2000

5. FEI Number

65-1004360

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

SAMUEL BRUSCEMI

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

1945 South Ocean Drive

Suite, Apt. #, Etc.

1701

City

Hallandale Beach

State

FL

Zip Code

33009

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 fee be waived. \$450.00

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

Samuel Brusce mi

REGISTERED AGENT MUST SIGN

Date 10-15-2009

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
PCO	SAMUEL BRUSCEMI	1945 South Ocean #1701	Hallandale Beach, FL 33009

REINSTATEMENT 07-09 [Signature]

10. I certify that I am an officer or director of 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 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 oath.

SIGNATURE: Samuel Brusce mi

10-15-2009

Date

Daytime Phone #