## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS LEGISM.

| CORPORATION REINSTATEMENT   |   |        | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |                          |                           |       |                   | 04 OCT -5 AM 10: 06<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA |   |                                      |  |
|---|---|--------|---|--------------------------|---------------------------|-------|-------------------|---|---|--------------------------------------|--|
| DOCUMENT # P02000020314  1. Corporation Name  |   |        |   |                          |                           |       |                   |   |   |                                      |  |
| J.J.E. TRADING, CORP.   |   |        |   |                          |                           |       |                   |   |   |                                      |  |
| 2. Principal Office Address 3.8939 N.W. 152 Lane  |   |        |   |                          | 3. Mailing Office Address |       |                   |   | mstatement °  | f                                    |  |
| Suite, Apt. #, etc.   |   |        |   | SAME Suite, Apt. #, etc. |                           |       |                   |   | MAG 2 W I PINIPINI  |                                      |  |
|   |   |        |   |                          |                           |       |                   |   | Date Incorporated or Qualified     To Do Business in Florida     May 23, 2002 |                                      |  |
| City & State  |   |        |   | City & State SAME        |                           |       |                   |   | 5. FEI Number Applied For   |                                      |  |
| Miami, FL Zip Country   |   |        | Zip Country   |                          |                           |       |                   | 6. SETTIFICATE OF STATUS PERSONNEL \$8.75 Additional Fee required |   |                                      |  |
| 33018   | τ   | JSA    |   | SAME                     |                           | SAI   | ME                |   | CERTIFICATE OF STATUS DESIDED   | onal Fee required<br>icate of Status |  |
|   | 7. Name and Address of Current Registered Agent  Name  Jose A. Carmona  Street Address (P.O. Box Number is Not Acceptable)  10/05/0401096005 **750.00 |        |   |                          |                           |       |                   |   |   |                                      |  |
|   | 8939 N.W. 152 Lane Suite, Apt. #, Etc.  |        |   |                          |                           |       |                   | ,   | -   |                                      |  |
|   | City <b>Miami</b>   |        |   |                          |                           |       |                   | State Zip Code 33018  |   |                                      |  |
| 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   |   |        |   |                          |                           |       |                   | Date10/4/04   |   |                                      |  |
| 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 Street Address of Each Officer and/or Directors Officer and/or Directors  |        |   |                          |                           |       |                   | 0.5.70  |   |                                      |  |
| PD  | Jose (Ag  |        |   |                          | 8939                      | N.W.  |                   |   | Miami, FL 33018   |                                      |  |
| <b>V</b> D  | Herna Vi  | llalba | Hodw  | varker                   | 8939                      | N.W.  | 152               | Lane  | Miami, FL 33018   |                                      |  |
| SD  | Evelis J  | udith_ | A. A1   | tamar                    | 8939                      | N.W.  | 152               | Lane  | Miami, FL\33018   |                                      |  |
| TD.   | Zuleima   | Janeth | Acun  | a Altam                  | ar 89                     | 939 N | .w <sub>.</sub> ] | 152 Lar   | ne Miami, FL 33018  |                                      |  |
| D   | Karen Pa  | tricia | R.Vi  | llalba                   | 8939                      | N.W.  | 152               | Lane  | Miami, FL 33018   |                                      |  |
| )D  | Jose L.   | Acuna  | Villa   | ılba                     | 8939                      | N.W.  | 152               | Lane  | Miami, FL 33018   |                                      |  |
| 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 faid 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. |   |        |   |                          |                           |       |                   |   |   |                                      |  |

10/4/04%

Date

305-556-2955

Daytime Phone #

CR2E081 (01/04)