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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 DEC 23 AM 9:50

DOCUMENT # P02000054454

1. Corporation Name

REBS INTERNATIONAL TRADING CORP.

2. Principal Office Address  
1938 SW 16 AV

3. Mailing Office Address  
1938 SW 16 AV

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
MIAMI FL

City & State  
MIAMI FL

Zip  
33145

Country

Zip  
33145

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
75-3057799

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name  
BIANCHI, RAUL E.

Street Address (P.O. Box Number is Not Acceptable)  
1938 SW 16 AV

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33145

B 12/27/05  
REINSTATEMENT 04-05

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 Raul Bianchi

Date 11/29/05

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
DP	BIANCHI, RAUL	1938 SW 16 AV	MIAMI FL 33145

400062381134  
12/23/05--01047--018 \*\*300.00

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: Raul Bianchi

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/29/05

Date

Daytime Phone #

NATP MEMBER

***MFR & Associates***

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AICPA MEMBER

ACCOUNTANTS & CONSULTANTS

220 71ST STREET SUITE 209  
MIAMI BEACH, FL 33141

TELEPHONE: (305) 864-7706  
FACSIMILE: (305) 864-7960

November 30, 2005

FL Dept. of State  
Fl. Div. Of Corp.

RE: REBS INTERNATIONAL TRADING CORP.  
Doc # P02000054454

Dear Sir or Madam:

I am writing to you on behalf of REBS INTERNATIONAL TRADING CORP. to request a waiver of penalties associated with the reinstatement of this corporation. This request is based on the fact that this entity, our office or their attorney did not receive a preprinted form from the State.

Enclosed please find a copy of the form for the year 2004 & 2005, we obtained from the internet and a check for \$300.00. The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,



Manuel Fernandez  
Tax Advisor