

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORAT				DEPART Secretary	of S		Ē		FILED  OBDEC31 PH 4:31		
DOCUMENT # P02000054454  1. Corporation Name									SECRETARY OF STATE TALLAHASSEE, FLORIDA			
REBS INTERNATIONAL TRADING CORP									80	00139408978	o	
2. Principal Office Address - No P.O. Box # 222 NE 20 STREET				SAME					800139408978 12/31/0801090011 **450.00 REINSTATEMENT® 06-08			
Suite, Apt. #, etc.				Suite, Apt. #	Suite, Apt. #, etc.				Date Incorporated or Qualified     To Do Business in Florida			
City & State MIAMI				City & State	City & State				5. FEI Number Applied For			
zip FL	Country 33137			Zip		Coun	try		6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required to a Certificate of State			
-			*	of Current Regis	stered Agent	,				tor a Certificate of	Status	
7. Name and Address of Current Registered Agent  Name  RAUL E BIANCHI									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			
Street Address (P.O. Box Number is Not Acceptable) 222 NE 20 STREET												
Suite, Apt. #, Etc. 1								received and requesting the reinstatement				
City MIAMI		_		State Zip Code FL 33137				fee be waived.				
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the ob  Signature of Registered Agent  REGISTERED AGENT MUST SIGN									bligations of section 607 0505 or 617.0503, F.S.  Date			
9. Names	s and Street Ad	ddresses	of Each Officer	and/or Director (FI	orida nonprof	it corpo	orations must list a	at lea:	st 3 directors)			
Titles			Name of s and/or Direct		Street Addre Officer and/			Each				
Р	RAUL E	E BIA	NCHI		222 NE 20 STREET S			ST	E 1	MIAMI FL 33137		
			-							-		
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 reinstalement 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 fisted 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 eignature shall have the same legal effect as if made under oath.												
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Dayline Phone												

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December 30, 2008

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 2005,2006 & 2007, we obtained from the internet and a check for \$450.00 The company has made a good faith effort to meet the state's filing requirements.

I thank you in advance for your help,

Sincerely,

RAUL BIANCH PRESIDENT