PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 MAY -5 AM 11:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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05/25/06--01049--005 **1200.00

CR2E081 (12/05)

DOCUMENT # P02000057727

1. Corporation Name

Gobi Trading Corp.

2. Principal Office Address	3. Mailing Office Address
260 Crandon Blvd	SAME
Suite, Apt. #, etc.: Unit 14	Suite, Apt. #, etc.
City & State: Key Biscayne FL	City & State
Zip: 33149 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/24/02

5. FEI Number: ☒ 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: CESAR Gomez

Street Address (P.O. Box Number is Not Acceptable): 260 Crandon Blvd

Suite, Apt. #, Etc.: Unit 14

City: Key Biscayne State: FL Zip Code: 33149

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: 4/27/06

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
D	Luis Eduardo Rozo Duarte	260 Crandon Blvd, #14	Key Biscayne, FL 33149
D	Luisa Fernanda Rozo Munoz	SAME	SAME
D	Nelly Munoz De Rozo	SAME	SAME
			By 5/11/06
		REINSTATEMENT	05-06

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 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: _____ 4/27/06 (305) 361-0105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Luis Eduardo Rozo Duarte — Date — Daytime Phone #