

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P02000105556

1. Corporation Name

West Trade Avenue Inc.

2. Principal Office Address

3036 Allamanda St.

Suite, Apt. #, etc.

3. Mailing Office Address

3036 Allamanda St.

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, FLA.

Zip

33133

Country

U.S.A.

Zip

33133

Country

U.S.A.

**REINSTATEMENT**

FILED  
 05 JAN 24 PM 12:45  
 SECRETARIAT OF STATE  
 TALLAHASSEE, FLORIDA

03-05

4. Date Incorporated or Qualified To Do Business in Florida

9/27/2002

5. FEI Number

02-0645561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$375 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jose M. Machado

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

3036 Allamanda Street

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33133

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 1/14/05

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	Jose M. Machado	3036 Allamanda St.	MIAMI, FLA. 33133

800045622478  
01/31/05--01008--005 \*\*1050.00

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:

[Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose M. Machado

Date

1/14/05

Daytime Phone #

(786) 346-6927

CR2E081 (10/02)