PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -3 PM 5:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000108022

1. Corporation Name

ICEBERG TRADING & INVESTMENT INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
4810 SW 11 ST	4810 SW 11 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PLANTATION FLORIDA	PLANTATION FLORIDA
Zip 33317 / Country USA	Zip 33317 / Country USA

4. Date Incorporated or Qualified To Do Business in Florida October 7,2002

5. FEI Number 82-0567559 — 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
Aurelio Urtubia

300032892763
05/03/04--01053--009 **591.25

Street Address (P.O. Box Number is Not Acceptable)
4810 sw 11 st

Suite, Apt. #, Etc.

300032892763
05/03/04--01053--010 **8.75

City: Plantation — State: FL — Zip Code: 33317

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 04/07/04

REGISTERED AGENT MUST SIGN

02-06-03 900554 039 **150.00

CR2E061 (01/04)

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
P	Aurelio urtubia	4810 SW 11 street	Plantation FL 33317
V	Aurelio urtubia	4810 SW 11 street	Plantation FL 33317
S	Aurelio urtubia	4810 SW 11 street	Plantation FL 33317
		300032892763 04/16/04--01004--005 **150.00	
		300032892763 04/16/04--01004--006 **8.75	

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: _____ 04/07/04 786-290-0646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB