PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -3 PM 5:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000120225

1. Corporation Name

BERTA TRADING CORP

2. Principal Office Address		**3.** Mailing Office Address	
		BERTA TRADING CORP	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
1300 BRICKELL AVE.		1300 BRICKELL AVE.	
City & State		City & State	
MIAMI, FL		MIAMI, FL	
Zip	Country	Zip	Country
33131	USA	33131	USA

REINSTATEMENT 07 04

4. Date Incorporated or Qualified To Do Business in Florida 11/12/2002

5. FEI Number 20-1898338 ✓ 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
MILAGROS SANCHEZ

800043813748
01/03/05--01052--017 **900.00

Street Address (P.O. Box Number is Not Acceptable)
1300 BRICKELL AVE

Suite, Apt. #, Etc.

City	State	Zip Code
MIAMI,	FL	33131

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 11/17/04
REGISTERED AGENT MUST SIGN

CR2E081 (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
D	MILAGROS SANCHEZ	1300 BRICKELL AVE	MIAMI, FL 33131

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