PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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REINSTATEMENT		Secretar	DA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		09 JUN 15 AM 7: 47 SECRETARY OF STATE TALLYHASSEE, PLORIDA		
DOCUMENT # P030000 57751					, Maria		
POZYTON TRADING CORP.					·	_	
					0157174:	981	
2. Principal Office Address - No P.O. Box# 10100 NW 116 WAY		3. Mailing Office Address 10100 NW 116 WAY		DEIN	1901048002 STATEMEN	┱**450.00 œ,ロフー <u>レタ</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		111619	Olitical	V	
#5		#5		4. Date Incorporated or Qualified To Do Business in Florida 5/27/2003			
City & State	(City & State	/ & State				
MEDLEY, FLORIDA		MEDLEY, FLORIDA		5. FEI Number Applied For 77-0600385			
Zip Country 33178 USA	' i	Zip 33178	Country USA	6. CERTIFICATE DE STATUS DESIGER 13.75 Additional Fee requi		Not Applicable 3.75 Additional Fee required for a Cartificate of Status	
7- Name and Address of Current Registered Agent							
Name JOSE L. URIBE				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 received and requesting the reinstatement fee be waived.			
Street Address (P.O. Box Number is Not Acceptable) 9030 SW 28 STREET							
Suite, Apt. #, Etc							
MIAMI			FL 33165				
8. I, being appointed the registered agent of the above named corporation arm familiar with and accept the obligations of the state of					Igations of section 607 0505 or 617.0503/F.S.		
Registered Agent				Date 6//2/89			
REGISTERED AGENT MUST SIGN							
9. Names and Street Addresses of Each Officer and/or Director (Fforica 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 L. URIBE			9030 SW 28 STREET		MIAMI, FLORIDA 33165		
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10. I certify that I am an officer or director or the receiver or frustee empowered to execute this application as proviced for in chapter 607 or 617, F.S. I further certify that when liting this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 507.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of includious 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Days The Prince F							

6/2200