

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 13 PM 3:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000023122

1. Corporation Name

TRADE EQUITY CORP.

2. Principal Office Address

1825 PONCE DE LEON BLVD

Suite, Apt. #, etc.

262

City & State

CORAL GABLES, FLORIDA

Zip

33134

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 03-04**

4. Date Incorporated or Qualified  
To Do Business in Florida 03/25/1993

5. FEI Number  
20-0112241

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

JOSEPHS LAFOUSE FRANCOIS

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

113 NW 33RD STREET

Suite, Apt. #, Etc.

City

MIAMI

State  
FL

Zip Code  
33127

500029295245

02/24/04--01018--008 \*\*908 75

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

*Joseph L. Francois*  
REGISTERED AGENT MUST SIGN

Date 02/06/2004

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

| Titles | Name of<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip          |
|--------|--------------------------------------|---|-----------------------------|
| DIR    | JOSEPHS L. FRANCOIS                  | 113 NW 33RD SRTEET                                | MIAMI, FLORIDA 33127        |
| PRE    | HERIBERTO C. PEREZ VALDES            | 1825 PONCE DE LEON BLVD                           | CORAL GABLES, FLORIDA 33134 |
| CFO    | DANIEL FERNANDES ROJO FILHO          | 1825 PONCE DE LEON BLVD                           | CORAL GABLES, FLORIDA 33134 |
|        |                                      |   |                             |
|        |                                      |   |                             |
|        |                                      |   |                             |

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)(l), 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

*Joseph L. Francois*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/06/2004

Date

(561) 856-3082

Daytime Phone #