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| PLEASE READ / | ALL INSTRUCTIONS | BEFORE C | COMPLETING THIS FORM. |
| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMEI Sandra B. Mor Secretary of S DIVISION OF CORPO | tham State | |
| · · | 0029335 | | 97 OCT 27 AM (1: 19 |
| 1. Corporation Name C-N World Traders | Inc. | | SECRETARY OF STATE TALLAHASSEE FLORIDA |
| | · | | · |
| Principal Place of Business 2485 W. Flagler St. 5te. 5 | Mailing Address 2485 W.F. BHE.5 Miami, F. | Tagler. | |
| Miami, FL 33125 | | | T ac 97 |
| If above addresses are incorrect in any way, line thro 2. New Principal Office Address, If Applicable | 3. New Mailing Address, If Applica | | 4. Date Incorporated or Qualified To Do Business in Florida |
| Sulte, Apt. #, etc. | Suite, Apt. #, etc. | 313 | 5. FEI Number Applied For |
| City & State | miami, F | L | 65-0403714 Not Applicable |
| Zip Country | ^{2ip} 33/25 Country | y | CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee require for a Certificate of Status |
| 7. Names and Street Addresses of Each Officer and/o | | tions must list at lea | |
| Title(s) and/or Directors | Off | icer and/or Director se Post Office Box N | or City / State / Zip |
| Pros Cristian & Fa | inch 3140 S | u surt st | treet Miani El 33145 |
| Dir | 1 0 0.10 0.0 | V. 27. VI. | treet Miami, FL 33145 Street Mani, FL 33145 |
| Sec. Nimta B. 1-a | jardo 3140 d'. | W. 24" | Street 11/anu, FL 33/45 |
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| | | | 400002331244 E |
| | | | -10/28/9701031011 ****915.00 ****915.00 |
| | | | } |
| 8. Name and Address of Current R | egistered Agent | Name | Name and Address of New Registered Agent |
| Cristino B. Fajardo 2405 W. Flagler | | | (P.O. Box Number is Not Acceptable) |
| | | Suite, Apt. #, Etc. | · |
| Sta. 6 | 33/2 | City | State Zip Code |
| 1/1/ami, 1-6 | ///~3 | | FL |
| 10 I, being appointed the registered agent of the above | e named corporation, am familiar wit | th and accept the ob | |
| *Registered Agent | BISTERED AGENT MUST SIGN | | Date 9/24/97 |
| 11. Does this corporation pay ar Debt. of Revenue under S. 1 | ny intangible tax to th 199.032, Florida Statu | e utes. Yes [| (See other side for information on intangible tax.) |
| certify that I am an officer or director or the receive this reinstatement application the reason for disso | of non-compliance with Section 119 Fror trustee empowered to execute lution has been eliminated, the corr | 9.07(3)(k) in the ever this application as p vorate name satisfic | fy for the exemption stated in Section 119.07(3)(k), Florida Statutes. I re- rent that the information supplied is deemed exempt from public access. I s provided for in chapter 607 or 617, F.S. I further certify that when filing lies the requirements of section 607.0401 or 617.0401, F.S., and that all accurate, and my signature shall have the same legal effect as if made |
| SIGNATURE: SIGNATURE AND TYPED OR PRIN | TED NAME OF SIGNING OFFICER OR D | DIRECTOR | 9/24/97 305-643-4485 |

Consideration of the constitution of the state of the sta