

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED

97 MAR 17 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051708 94-97

1. Corporation Name  
Royal Caribbean Trading, Co.

Mailing Address Principal Place of Business  
P.O. Box 160785  
Miami, Fl. 33116-0785

**REINSTATEMENT** 94-97

*mwb*

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable P.O. Box 160785		3. New Principal Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/19/93	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0456743	
City & State Miami, Fl.		City & State		Applied For Not Applicable	
Zip 33116-0785		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President V/Presd Sect/ Tresu Director	Jorge A. Otero	11279 S.W. 154 Ave	Miami, Fl. 33196

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-03/20/97--01005--003  
\*\*\*1253.75 \*\*\*1253.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Jorge A. Otero  
11279 S.W. 154 Ave  
Miami, Fl. 33196

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State FL Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/1/97

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box  (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes  No  (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Jorge A. Otero President

February 28, 1997

Date

Daytime Phone #

305

386-7909

CR2E040 (6/94)