

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000083010 (7)

1. Corporation Name

1198-17588

AMBRAS INTERNATIONAL TRADING B, INC.

Mailing Address
6135 W 21 COURT
HIALEAH, FL 33018

Principal Place of Business
6135 W 21 COURT
HIALEAH, FL 33018

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

2. New Mailing Address, if Applicable

3. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
98 APR 10 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

74-98
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DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified To Do Business in Florida

12/06/1993

5. FEI Number

65-0462945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$0.75 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
<i>D/P</i>	BERNARDO POMERANIEC DIRECTOR/PRESIDENT	6135 W 21 COURT HIALEAH FL	<i>HIALEAH, FL</i>

~~500002487955-8~~
~~-04/14/98-01046-024~~
~~***1358.75 ***1358.75~~

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

BERNARDO POMERANIEC

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

6135 W 21 COURT

Suite, Apt. #, Etc.

City

HIALEAH

State

FL

Zip Code

33016

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date *3/21/98*

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 lease 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 further 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 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

[Handwritten Signature]

3/21/98

Date

Daytime Phone #