

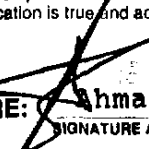


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000032359			
1. Corporation Name J.R. INTERNATIONAL TRADING, INC 17021 N. BAY ROAD UNIT 703 - BLDG 4 SUNNY ISLES, FL 33160			
Principal Place of Business		Mailing Address	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. Date Incorporated or Qualified To Do Business in Florida 04/28/1994	
		5. FEI Number 65-0485479	
		Applied For	
		Not Applicable	
		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
P/T/S	RAAD, Ahmad	17021 N. BAY RD. UNIT 703 - BLDG 4	SUNNY ISLES, FL 33160
V/T/S	RAAD, Ernestina	17021 N. Bay Rd. Unit 703 - Bldg 4	Sunny Isles, FL 33160
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
		Name Ahmad RAAD	
		Street Address (P.O. Box Number is Not Acceptable) 17021 N. BAY ROAD	
		Suite, Apt. #, Etc. UNIT 703 - BLDG 4	
		City SUNNY ISLES	State FL Zip Code 33160
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 		Date 12/14/97	
REGISTERED AGENT MUST SIGN			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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)(i), 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:  Ahmad RAAD - President		Date 12/14/97 (305) 962-6891	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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